efully. The cofrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03010

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY COUNTY Anne arundle
OR give nearest town) Coscode 10 MD Glace)	CITY (If outside contrate limits, write PURAL and give nearest town) OR TOWN Crownsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS PLACE HOSPITAL	STREET RFD # (If rural, give location) ADDRESS RFD # /krald Harbor
3. NAME OF DECEASED (First) (Middle) (Type or Print) Thomas May	Ombrose 4. DATE (Month) (Day) (Year) OF DEATH March 4 19 5/
5. SEX Temale 6. COLOR OR RACE 7. SINGLE, MIRIED, WIDOWED, DAYORCED, (Specify) undough	8 DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 bre. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WEAT COUNTRY? U. S.
13. FATHER'S NAME George Scheib, Vicesed	Emma Blanck, Declased
15. WAS DECRASED EVER IN U.S. AMMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
D. J.	1 3 -1 1
Immediate cause (a)	ileus Jasip
442 Antecedent cause(s) Hupenlander	is cardiagrandeland see over 25 USA
Diseases or conditions, if any, (b)	a acocavascuemouseus our 25 yrs
giving rise to the above cause stating the underlying cause last	2 1 T. 1
(c) Heneralised	arunoscurosis love 2545.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While Not While Work At work	HOW DID INJURY OCCUR?
	E. Taralil di
22. I hereby certify that I attended the deceased from Jan.	, 19.3.L., to MANCA.T., 19.5./., that I last saw the deceased
11 March 4 10 St and that double assured at 1	255. P.m., from the causes and on the date stated above.
alive on	ADDRESS DATE SIGNED
Robert / Jogan	march 4, 1951
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) MAR. 7 1951 WES	TERN CEM BALTO. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 3/6/57 a a Herres	William Cook, Ing 1217 ST. PAUL ST.

03011

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

/	
1. PLACE OF DEATH Washington	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and OR give nearest town TOWN RURAL CLEAR Spring 60 years	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR STREET ADDRESS St. Paul's Road	STREET (If rural, give location) ADDRESS St. Paul's Road
3. NAME OF (First) (Middle) DECEASED Fannie Matilda Ankene	(Last) 4. DATE (Month) (Day) (Year) OF DEATH March 7, 1951
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWEDW PLYOCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under J year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Dutles Home	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Rudolph Kreps	Elizabeth Kuhn
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Raymond H. Miller Md. R D
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
1420 Immediate cause (a) Coronary	e montosis I gear
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Ocheros 10 year
stating the underlying cause last (c)	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE SUICID	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from aug.	, 1949, to Man 7, 1951, that I last saw the deceased
alive on Mar. 19.5/., and that death occurred at	ADDRESS DATE SIGNED
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) Bur ial St. Paul's	
March 10/51 Ineple W. Munay	Harian Marland.
doral	700001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 302

The correct age

MARGIN RESERVED FOR BINDING

A15

0			
	1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
	county shington Maryland	STATE Waryland Washing	ton
à à	CITY (II outside corporate nimita, write KUKAL and LENGIR OF STAT	CITY (If outside corporate limits, write RURAL and give	e nearest town)
BE	TOWN Hagers town in this place)	Town Hagerstown	
leg	HOSPITAL OR	STREET (If rural, give location)	
od o	INSTITUTION OR 729 Spruce St.	ADDRESS 729 Spruce St.	
ior	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
riy	DECEASED CLARA ADELLA	AUMEN OF March 2	6 151
lea	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1	year If under 24 hrs.
h	Female White SpeckyWidowed	3/14/1875 76 yrs. Months	Days Hours Min.
of	102. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
i d	done during most of working life, even if retired) INDUSTRY OWN Home		USA
s o	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
y	William Anders	No Record	
Cal	15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	20.4
he	(Yes, no, or usknown) (If yes, give war or dates of service) None	Mrs Mae Shirley, Hagerstow	n Md.
Supply every item of information carefully. write the causes of death clearly and legibly.	18. MEDICAL CEI	RTIFICATION	
St.	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Ø ≱	11/4	Cardin- Navala Sem	
M. Sas	Immediate cause (a)	Codes- Country flow	
Za	Antecedent cause(s)		
C) 00	Diseases or conditions, if any, (b)	10 +2-+ 10+100 DF 4:04 4:04 11 11 5: 44 4 1 1 1 1 5: 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40 00 04 00 000 a delevera o persona para sa sua a sa surre
ZE	93 d giving rise to the above cause stating the underlying cause last		
Sic. D	(c)		
FA	II. OTHER SIGNIFICANT CONDITIONS		
Z ²	Conditions contributing to the death but not related to the disease or condition causing death.		
P. H.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
Ha			Yes No 🗔
Ed	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
in	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
NA.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
F.E	OF While at Not While INJURY m. Work At work		
P &		3/112	
es L	22. I hereby certify that I attended the deceased from 32	, 19, to that I last sa	w the deceased
E.S.	3/24/41 10 and that down to a	5.4m., from the causes and on the date sta	4.2 11
F	alive on	ADDRESS	DATE SIGNED
RI	SIGNATURE OFF	ton 1	20/07
WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please	A. The sun of	cerum jug	10,
	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER		y) (State)
AS		en Cemetery Hagerstown	Md.
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
A.	May 28. 1951 Chast 12owers	Andrew K. Coffman Hagers	town Md.



12.2

Evidence for addition in 18 shown on:

1. PLACE OF DEATHCOUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03013

1951 CERTIFICATE OF DEATH

Reg. Dist. No. 305

644636

1. PLACE OF DEAT	Η·		2. USUAL RESIDENCE (HOME) OF DECEASED.	7
Was	hington	MARYLAND	Marvla	nd Washing	ton
CITY (If outside c	orporate limits, write RUR	AL and LENGTH OF STAY		ate limits, write RURAL and give	e nearest town)
OR give nearest TOWN Hage	rstown	(in this place)	TOWN Dage	rstown	
HOSPITAL OR INSTITUTION O	P		STREET ADDRESS	(If rural, give location)	
STREET ADDRE	ssWash. Co. H	Hospital	1014	Pope Avenue	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Charles	Wilbur	Baechtel	DEATH Mar.	30 ₁₉ 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday If under	I year If under 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Married	2-17-1912	99 ym. 1	Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country) 12	CITIZEN OF WHAT
Butcher Me	at Catter	Roy Hoffman, S			Country?
13. FATHER'S NAM		_	14. MOTHER'S MAIDEN		
Wilbu	r T. Baechte	21	Laura E.		
	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT AND		
(1es, no, or unknown)	service)	01 214-09-0534	Mrs. C. W	ilbur Baechtel	, Hageran.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		G : 1	carcinomator	and the second second second second	7
Immediat	e cause (a)	sineranga 1			
197 Anteceder	nt cause(s)	Primar	v. site unknown	ma (4/9/51 ake)	
Diseases or	conditions, if any, (b)				
stating the u	inderlying cause last				
	(c)				
Conditions contribu	ICANT CONDITIONS uting to the death hut not				
	se or condition causing deal				
	RATION 19h. MAJOR	FINDINGS OF OPERATION and mentions to be about	· a lumehade	on alle due to turner	20. AUTOPSY?
Oct. 15,					Yes No D
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	©E (Home, farm, factory, street, office hidg., etc.) JRY	(CITY OR	rown) (COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work	Р		
22. I hereby cert	ify that I attended th	e deceased from Oct 15	, 1951, to Marc	4.30, 19.5%, that I last s	aw the deceased
alian - Mu	med 30 1051 00	d that death occurred at	11 1 tum the	courses and on the date at	akad abass
SIGNATURE	, 15.m.a, at	(Degree or title)	ADDRESS	causes and on the date st	DATE SIGNED
John a	. muran m	n.D. 215 h	1. Washington	St. Hugestown M.	
23. BURIAL, CREM AEMOVAL (Spec	ATION DATE THERE		RY OR CREMATORY	Hagerstown, Md	y) (State)
DATE REC'D BY			1 24 FINERAL DIRECTO)P	ADDDESS
Mars. 3/1	981 6 Fear	HBowers	C.M. Suter &	Sons, Hagersto	own, Md.



VS. A15

202141 113403

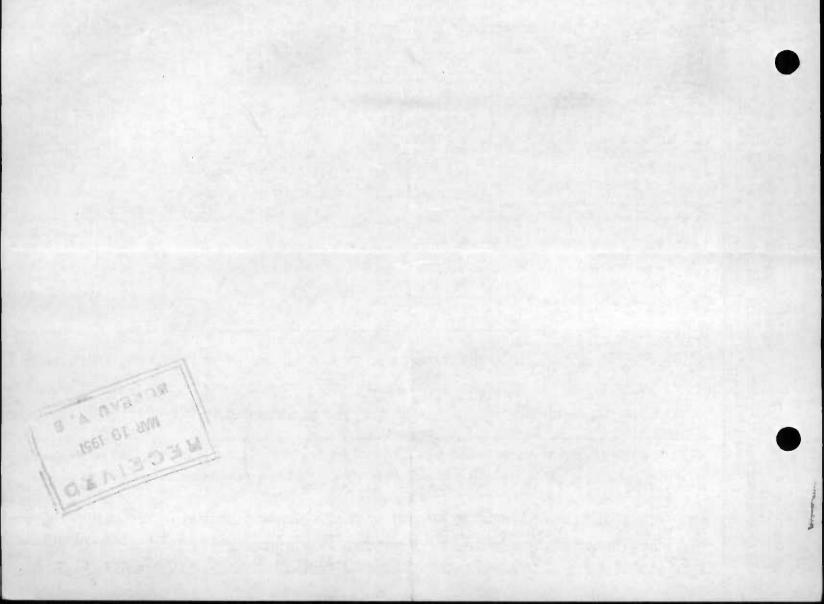
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

ALTH
Dr Earl Ygung 03014

CERTIFICATE OF DEATH

/		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Shing ton MARYLAND	STATE Waryland Washing	rton
OILI (II oddide corporate illinta, write ROMAL and Light of it of olar	CITY (If outside corporate limits, write RURAL and give	
OR TOWN give nearly gents town Zin Day yelsce)	Town Hagerstown	
HOSPITAL OR INSTITUTION OR Washington Co Hospital	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Washington Co. Hoppital	ADDRESS 912 Main Ave.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) LONNIE GENE	BAKER DEATH March	16 1951
5. SEX 16. COLURS OF BALE 17. SINGLE, MARKIED.	8. DATE OF BIRTH 9. AGE last birthday If under I	year If under 24 hrs.
Male White WIDOWED SWORCED (Specify) Single	3/14/51 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTRY NO. 10 10 10 10 10 10 10 10 10 10 10 10 10		CITIZEN OF WHAT
None		'AEO
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank Baker	Grace Corder	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of None	Frank Baker Hagerstown	wd.
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 0	INTERVAL BETWEEN ONSET AND DEATH
	() (), 0.10	- 01
773 Immediate cause (a)	2 augy	L Ways
Antecedent cause(s)		/
Diseases or conditions, if any, (b)	***************************************	PR THE THE DR. TO SHIPS AND A SET TO ASSESSED TO SEE A SET TO SEE
158 giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
NATURE IN THE PROPERTY OF THE	3/1/2-1	
22. I hereby certify that I attended the deceased from	/, 19, to 5//6/5 /19, that I last sa	w the deceased
alian on 3/1/15/10 and that double commend at 6		
alive on	ADDRESS from the causes and on the date sta	DATE SIGNED
	1. M	7
K. L. gama will.	Welliauspert lud	3/71.51
PEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count)	(State)
REMOVAL (Specify) /3/16/51 Rose Hill	Cemetery Hagerstown Ma:	ryland
DATE REC'D BY LOCAL KEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/2001/6/95/ 1/200000	Andrew K. Coffman Hager	stown Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

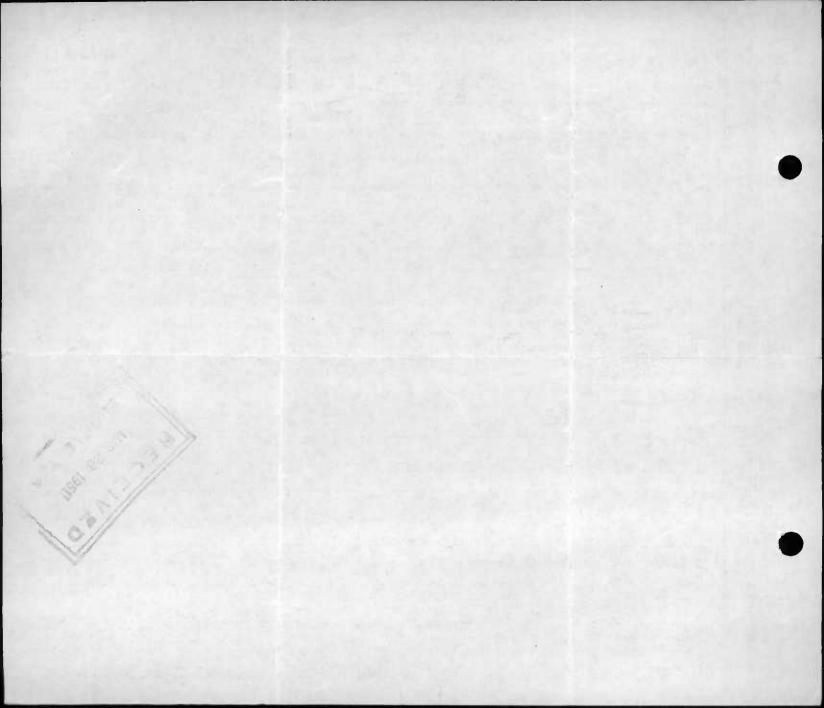
03015

Reg. Dist. No. 3 0 3 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Washington Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN RUPal Di (in this place) Big Pool. Md. Rural Poo Life TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS Pectonville Road Pectonville Road STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF Mar. 8, 1951 Mary Minerva Beard (Type or Print) 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W100W 6. COLOR OR RACE 9. AGE iast hirthday | If under 1 year | If under 24 hrs. Months | Days | Hours | Min. White Female 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
13. FATHER'S NAME

14. 1 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTER? Wash. Co., 14. MOTHER'S MAIDEN NAME James M. Mills Mary Long 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) None Mrs. Alfred Shives- Big Pool, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Leutrioular Fabrillation Immediate cause 4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No [21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (Specify) (STATE) INJURY HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work to 3/5/19 that I last saw the deceased alive on SIGNATURE (Degree or fittle) DATE SIGNED LOCATION (City, town, or county) Route 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY BEMOVAL (Specify) Mar. 11-1951 Clear Fark mean Cemetery REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL

Supply every item write the causes of o MARGIN RESERVED INK. UNFADING I PLAINLY, WITH s especially important WRITE

PLEASE



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

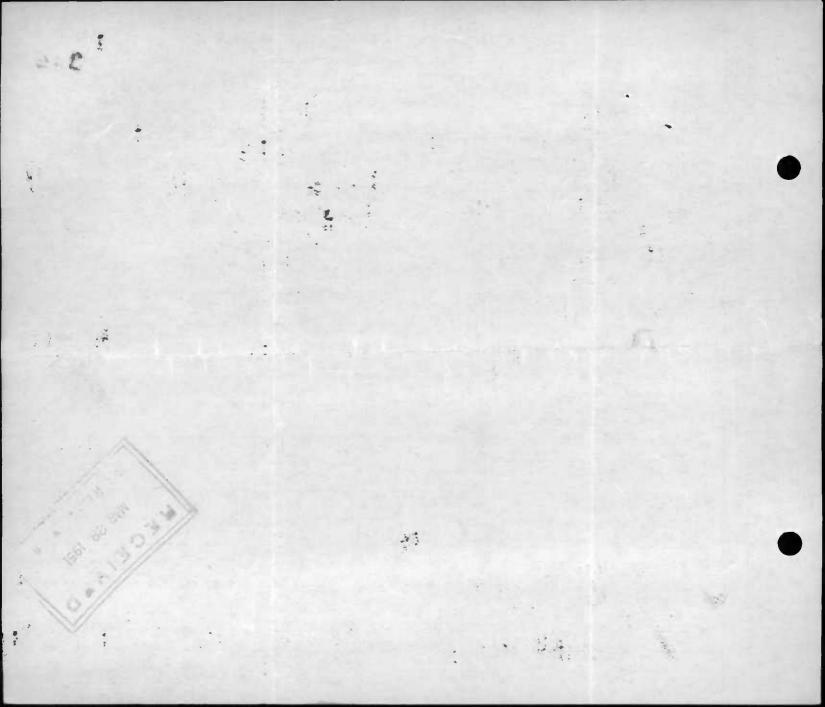
2411 N. Charles Street, Baltlmore

Reg. Dist. No. / 4

03016

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
COUNTY Washington MARYLAND	maryland Harlord
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give narest town)
OR give nearest town (in this place)	TOWN Perryman
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Rolchil Hospital	ADDRESS Box 23
3. NAME OF (First) (Middle).	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Sonhie Virgenea	Bowser DEATH March 25 1951
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 brs.
WIDOWED, DIVORCED, (Specify) 211	Dav. 5, 1874 76 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) INDUSTRY	maryland Countries A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamen Johnson	Blessia Stansbury
15 WAS DECEMBED FORD IN II.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of unknown) (service)	Hospital Reend
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Hyperlensene	Carolio-Vascular Desense many yes.
143 Immediate cause	
Antecedent cause(s)	Esterio solaron
Discuses of conditions, it and,	# # # # # # # # # # # # # # # # # # #
93d giving rise to the above cause stating the underlying cause last	
22 giving rise to the above cause	
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Teris-sclerosis many yes.
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Teris-sclerosis may yes.
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Teris-sclerosis many yes. 20. AUTOPSY? Yes No
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Teris-sclerosis 20. AUTOPSY? Yes No December No December Yes No December No December Yes Yes No December Yes Yes No December Yes
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	Teris-sclerosis many yes. 20. AUTOPSY? Yes No
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	Teris-sclerosis 20. AUTOPSY? Yes No December No December Yes No December No December Yes Yes No December Yes Yes No December Yes
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Mork At work	Ilow DID INJURY OCCUR!
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Mork At work	Teris-sclerosis 20. AUTOPSY? Yes No December No December Yes No December No December Yes Yes No December Yes Yes No December Yes
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Now.	Ilow DID INJURY OCCUR! 1950, to Man. 25, 1951, that I last saw the deceased
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Nor	Ilow DID INJURY OCCUR! 1950, to Man. 25, 1951, that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Now alive on March. 25, 19.5, and that death occurred at SIGNATURE: (Degree or title)	Ilow DID INJURY OCCUR! 1950., to Max. 25, 1951, that I last saw the deceased list Qm., from the causes and on the date stated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work At work 22. I hereby certify that I attended the deceased from March 15. (Degree or title) alive on March 15., 19.5., and that death occurred at SIGNATURE. Daniel Rai, M.D. Richards A.S., 19.5., and Richards Congress or title)	Iterio-sclerosis 20. AUTOPSY? Yes No December Yes No December No December
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Nor March 25, 19.5, and that death occurred at SIGNATURE (Degree or title) Daniel Rai, M.D. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	Ilow DID INJURY OCCUR! 1950., to Max. 25, 1951, that I last saw the deceased list Qm., from the causes and on the date stated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Now have alive on March. 25., 19.5., and that death occurred at SIGNATURE: Daniel Rai, M.D. Ref.	Iteria - sclerosis 20. AUTOPSY? Yes No Yes Yes
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Mork At work alive on March 25, 19.5., and that death occurred at SIGNATURE: Daniel Rai, M.D. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Iteria - sclerosis 20. AUTOPSY? Yes No Yes Yes
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Not While at work alive on March 25., 19.5., and that death occurred at SIGNATURE Command Rain, M.D. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE DEMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Item-sclesses 20. AUTOPSYI Yes No December Yes No December No December No December Yes No December No Decem
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from Mork At work alive on March 25, 19.5., and that death occurred at SIGNATURE: Daniel Rai, M.D. 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Iteria - sclerosis 20. AUTOPSY? Yes No Yes Yes

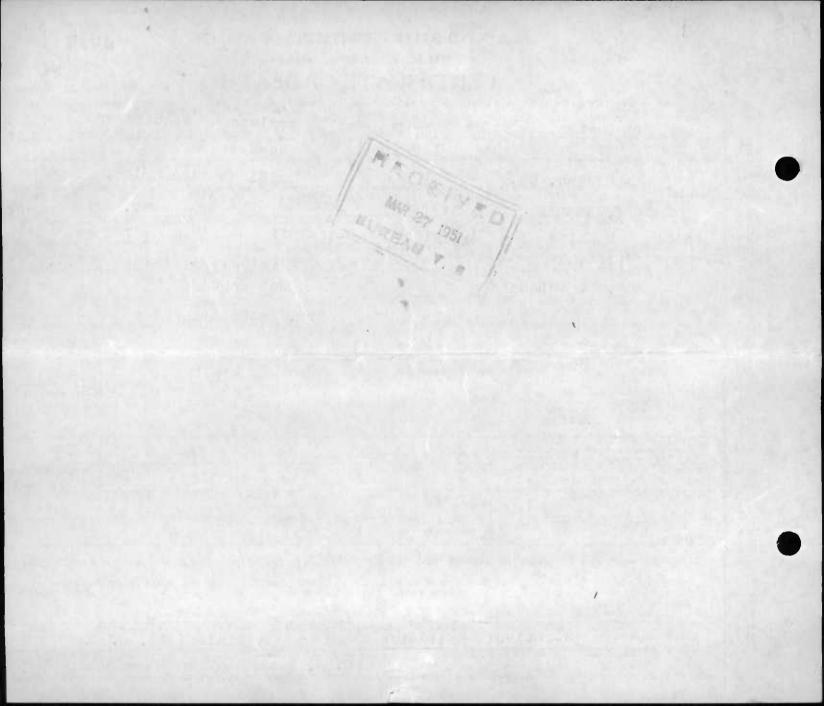


03017

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

1. PLACE OF DEATI COUNTY			2. USUAL RESIDENCE (STATE Marylan	HOME) OF DECEASED.	gn
OR givo nearest	ington orporate limits, write RURA town)	MARYLAND AL and LENGTH OF STAY (in this place)	CITY (If outside corpor	rate limits, write RURAL and Stown	
HOSPITAL OR INSTITUTION OF		Hospital	STREET ADDRESS 1131	Hamilton Blvd	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Nannie	Gertrude	Boxwell	DEATH WELL.	25 19 51
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W100W	8-12-1872	9. AGE last hirthday If und Mynth	er 1 year If under 24 hrs.
10a. USUAL OCCUPA	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Frederick C	o. Virginia	12. CITIZEN OF WHAT
13. FATHER'S NAM	. D. McDonal	d	14. MOTHER'S MAIDEN Not K		
	VER IN U.S. ARMED FORCES			ADDRESS	
	(If yes, give war or dates of service)	NONE	Mrs. Esth	er Beachley	
Immediate 241 × Anteceder Diseases or comprise to		LEADING TO DEATH South	l asthmo		INTERVAL BETWEEN ONBET AND DEATE 4-5 year -
Conditions contributed to the disease	CANT CONDITIONS tring to the death but not se or condition causing deat		Theundois,	multiple	5 years
19a. DATE OF OPE	RATION 19b. MAJOR E	INDINGS OF OPERATION			Yes No Z
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNT	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	fy that I attended the	e deceased from Oct	, 1949, to man	625 195/, that I last	saw the deceased
alive on CAA	24, 195/ an	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the date	stated above. DATE SIGNED
Mi).	Layna, h	P. 5 Pabl	a Square &	ogenfour, ho	mark 25, 1951
23. BURIAL, CREM. REMOVAL (Spec	(3-26-19)	51 Hillside (emetery !	LOCATION (City, town, or cou Plainfield, N.	inty) (State)
DATE REC'D BY	COCAL REGISTRAR'S	SIGNATURE	C. M. Suter	& Sons, Hager	stown, Md.



PLEASE

The correct age

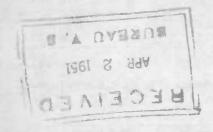
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03018

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE	E (HOME) OF DEC	EASED-	ington
WASHINGTON	MARYLAND	MARYL	ANU	WEOH.	INGTON
CITY (If outside corporate limits, write RUF OR give nearest TOWN HAGERSTOWN	LENGTH OF STAY (in this place)		rporate limits, write I - HAGERST		
HOSPITAL OR		STREET		zive location)	
INSTITUTION OR WASHINGTO	N CO.HOSPITAL	ADDRESS H	AGERSTOWN	, Rte.	#2
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print) DANIEL		RBAUGH	OF DEATH	3	30 51
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birt	aday If under	r 1 year II under 24 hrs
MALE WHITE	WIDOWED, DIVORCED, (Specify) SINGLE	June 14,188	6 64 yr	3 rs. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	1	12. CITIZEN OF WHAT
done during most of working life, even if retired) TENANT FARMER 13. FATHER'S NAME	FARMING	PENNSYLV	ANTA		COUNTRY? S.A.
13. FATHER'S NAME	FRIMIAG	14. MOTHER'S MAI			U. U. A.
DAVID RANKIN CARBA	UGH	MARIA			
15. WAS DECRASED EVER IN U.S. ARMED FORCE	8? 16. SOCIAL SECURITY NO.	17. INFORMANT A	ND ADDRESS		
(Yes, no, or unknown) (If year, give war or dates		MR.OBERN C		TITTAM.	מאני שמחתב
no service)	<u>l none</u>	I MID O ODDEDAN C	KUDBUUIL, W.	First File	pront, Mb.
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a) /// Antecedent cause(s) Diseases or conditions, if any, (b)	18. MEDICAL CE	followy o	Esstato s	Luf	INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause stating the underlying cause last	Che. Ele	11'	t (1000) (in the second to th		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	90 ° 900 0 man 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	··	700 00 EE Parket 646 - 1 200 Banks 2 Labet 1941 - 1941 2 Bank	NOT THE REAL PROPERTY OF THE P	na man on war of management.
19a. DATE OF OPERATION 19b. MAJOR					1 20. AUTOPSY?
					20. AUTURSI:
OCCUPATION OF THE PARTY OF THE	an ar				Yes 🗌 No 🖺
SUICIDE	office bldg., etc.) URY	3 mile W	R TOWN)	(COUNTY	/ (0 = = = =)
TIME (Month) (Day) (Year) (Hour)	I INJURY OCCURRED	I HOW DID INJURY	OCCUR?		
OF INJURY 3-24-51 m.	While at Not While Work At work	shins	t by ante	-	
		7/	0/		
22. I hereby certify that I attended th	e deceased from	, 19, to	19 19	that I last	saw the deceased
signature, 19, an	d that death occurred at	ADDRESS	the causes and on	the date st	tated above.
10111-1a	Marie 1	// 大			7/
	www /	- quelon	/ay		1/2/51
23. BURIAL, CREMATION DATE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City,	town, or coun	nty) (State)
REMOVAL (Specify) 4/2/5	1 BROADFORD	ING CEMETER		TON CO). MD.
DATE REC'D BY LOCAL RECISTRAR'S	SIGNATURE	24. FUNERAL DIRE	CTOR	1 11	ADDRESS
18ther. 31.1957 Collec	Moevers	(W, d.)	Corneal	March	crolour Tim
			. /	-	anent
				-/	00/05



MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Beltomore
CITY (If outside corporate limit) write RURAL and OR givo nearest town) (in this place)	CITY (It outside corporate limits, write RURAL and give OR TOWN 2 alternate	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Petchie state Hospital	STREET ADDRESS 13/2 W. Saraloga	. St. 1
3. NAME OF DECEASED (Type or Print) Princilla (Middle)	Richester 4. DATE (Month)	(Day) (Year) 4 19 5
5. SEX famale 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	7/7/10 34 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Girk kind of work done during most of working life, even if retired) INDUSTRY	11. BIPTHPLAGE (State or foreign country) and 12.	CITIZEN OF WHAT
13. FATHER'S NAME John Derry	14. MOTHER'S MAIDEN NAME	Gross!
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOUTH SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
On to the	- 2 di	-/
Immediate cause (a) while Prijoce	Cardial Infarction Cardiavascular Disease	one asy
420. Immediate cause	0 1 6 0 5	1
Antecedent cause(s) Hypulinoise	Cardisvarcular Disless	V
Diseases or conditions, if any, (b) giving rise to the above cause	0]	
136 stating the underlying cause last (c) Pagets Disla	se	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from march	4., 1951., to Mench 4., 1951, that I last sa	w the deceased
alive on march 4, 1951, and that death occurred at/0	2:12 P. m. from the causes and on the date sta	ted shove
SIGNATURE (Degree or title)	ADDRESS /) - () /	DATE SIGNED
Robert Jogan, M	. D. Litche State Hosp.	3/4/5/
Marie Co of the contract of th	ery or crematory Location (City, town, for county	Md
DATE REC'D BY LOCAL REGISTRABIS SIGNATURE REG. 3 7 5 1 REGISTRABIS SIGNATURE	Lames a Cofacus 9.9	lines of
		D 101

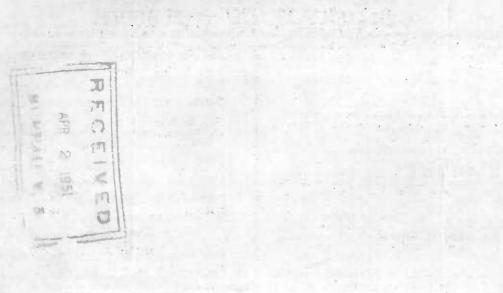
Reg Dist No 30

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

	The state of the s		Bestavia of more (See Bras)
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Washington		State Many land.
	City or town Hagerstown		County Vashingelin
	(If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution:		City or town 329 Valley Kortaguston
	Washington Co. Hospital		(If outside city or town limits, write RURAL and give nearest town)
	Length of mother's stay in County. (How many years, or months, or days, SPECIFY WHICH)		Street No. 3 2 9 Valla Koak (If RURAL give LOCATION)
		11	2 401/
	Name of child Laved General Chigalon	11	Date of birth Wor. 29 9 1957 Hour. 10:30 P.M.
5.	Sex Malla 6. Twin or triplet	7.	No. of weeks pregnancy. 32
	EATHER OF CHILD		MOTHER OF CHILD
8.	Full name flavelles G. Clugston	12.	Full maiden name Marce I Shelleman
9.	Color	13.	Color. 2. 14. Age at time of this birth 32 yrs.
11.	Usual occupation Generally & Tester	15.	Usual occupation House wife
16.	Other children born to mother (not including present child):	: (a)	How many children of this mother are now living?
			Assac (c) How many other children were born dead?
17.	Did child die before labor?		Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of Lucula Malva!		prematurity, asphyxia etc., try to add cause thereof.
			(a) Fetal causes
19.	Labor: (a) Complications of		(b) Maternal causes Kulenda Ynaura
20	(a) Was there an operation for delivery?	22	I certify to the birth of this child who was born dead*
20.	A A Ves or No	22.	on the date and hour above stated.
	(b) State all operations, if any with the state of the st		Simon (Mutual Brahtiste) 1/4 1)
	(c) Did child die before operation ?///		Signature (Specify i.M. D., midwife or other)
	During operation?		Address Hageiston Mary land.
23.	(a) Burial (b) Date thereof 3/31/5/ (Burial, cremation of removal) (month) (day) (year)	25.	(a) Mars 31.1851 (b) & Fear Hosound
	(Burial, cremation of removal) (c) Cemetery or crematory Past Haven Cemetery	${26}$	(Date rec'd by registrar) (Registrar)
24.	(a) Funeral director Past Hazen Funeral Chape	20.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address Tragerstown Wel.		Health Officer, per

7

* See Instruction C on stub.



M

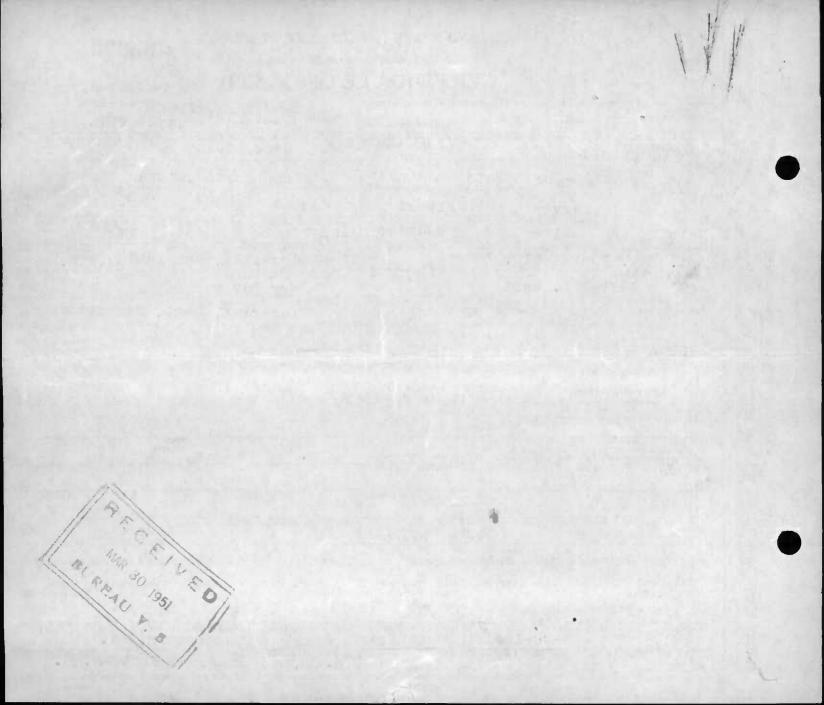
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

03020

CERTIFICATE OF DEATH

1					
1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Wash	ington	MARYLAND	STATE Marylan	nd Washin	yron
CITY (If outside co OR give nearest	orporate limits, write RURA	L and LENGTH OF STAY		ate limits, write RURAL a	nd give nearest town)
TOWN Hager	stown	Lingthis place)	Town Hager	stown	
HOSPITAL OR INSTITUTION OF	2		STREET	(If rural, give locati	on)
STREET ADDRES	s 220 North	Potomac Street	ADDRESS 220 No	orth Potomac	Street
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month) (Day) (Year)
DECEASED (Type or Print)	Harvey	Albert	Cost	OF Mar	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If	under I year IIf under 24 hrs.
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	4-6-1866	84 yrs. Mc	nths Days Hours Min.
done during most of w	ATION (Give kind of work of king life, even licetinal)	10h. KIND OF BUSINESS OR INDUSTRY	Keedvsvil	or foreign country) le. Maryland	12. CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN		100000
Al	fred N. Cost		Mary Bo	vey	
	ER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	4
(Yes, no, or unknown)	(If yes, give war or dates of service)	NONE	17. INFORMANT AND Richard	A. Cost, Ha	gerstown
		18. MEDICAL CE			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a) α	rute left rentrice	ulax failure		45 minutes
443 x Anteceden	t cause(s)	,			
Diseases or c	conditions, if any, (b)	ypestrus: n- a	Attrio ecleso he	Cardionocul	et 10 300 v
giving rise to	the above cause nderlying cause last	1/		Taine	
	(c)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Conditions contribu	CANT CONDITIONS ting to the death hut not se or condition causing deati	n. Bruign hypre	troples of by	mo te to	
		INDINGS OF OPERATION	1881		20. AUTOPSY?
					Yes 🗆 No 🕏
21. ACCIDENT	(Specify) PLAC	E (Home, farm, factory, street,	(CITY OR	OWN) (COU)	
SUICIDE	OF INJU	office bidg., etc.) RY			
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	THE COLUMN
				1	
22. I hereby certi	fy that I attended the	deceased from 7>	, 194./, to	26, 195, that I la	ast saw the deceased
alissa/an	3/1/2 1051 00	d that death occurred at (Degree or title)	845		
SIGNATURE	, 15.2, and	(Degree or title)	ADDRESS	causes and on the da	DATE SIGNED
John H	Hombala I	270 154	en land B	Hear 1	DATE SIGNED
			ev. wesh. G.	distropous	", hed
23. BURIAL, CREMA REMOVAL (Speci	$\begin{array}{c c} \text{ATION} & \text{DATE THEREO} \\ 3-28-19! \end{array}$			Agerstown, or	
DATE REC'D BY I	LOCAL REGISTRAR'S		24. FUNERAL DIRECTO		
1100.28,19	151 prost	Bower	v.M. Suter & S	ons, nagers	OO WILL . INTER .
	0				Connect
				3	90906



CERTIFICATE OF DEATH

03021

/		1
(M	
	12.2	1

The correct age

WILTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

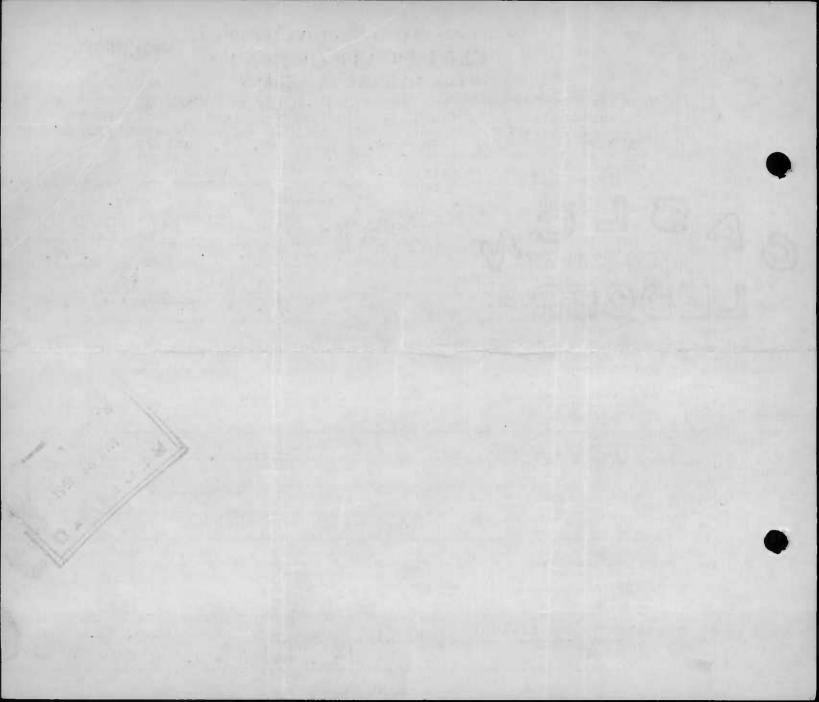
MARGIN RESERVED FOR BINDING

	FOR MEDICAL	EXAMINERS	Reg.	Dist. No3.93	à
L. PLACE OF DEATH- COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (I STATE Maryla	and Wa	SHUMEton	
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give and town) (the other place)		OR TOWN Rt . #	ate limits, write RURA 3, ROXbury		town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS NO Street	Address, Rt.#3	STREET ADDRESS NO	(If rural, give I Address	ocation)	
3. NAME OF (First) DECEASED (Type or Print) James	(Middle)	Daymude	0.00	onth) (Day) lar. 19	(Year) 19 5
Male S. COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED DIVORCED. (Specify) WIOWET	8-24-1866	9. AGE last birthday 84 yrs.	If under 1 year I Months Days	Lunder 24 hr
done during most of morking life even it retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	Loudoun Co.	(oreign country)		N OF WHAT
William Henry Day	mude	14. MOTHER'S MAIDEN Emilt Mi			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates (service)	of NONE	Mrs. M. Bu	DDRESS Hage	erstown,	Md.
1. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION			AL BETWEEN
	C / · //	11.5	•	ONSET	AND DEATE
Immediate cause (a)	cayes Ve	aust din			2
Antecedent cause(s)	Mundate				
93 d giving rise to the above cause stating the underlying cause last			 	**************************************	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat			THE STATE OF		
19a. DATE OF OPERATION 19b. MAJOR I				20. AU	JTOPSY?
				Yes [No 🗖
2I. EXTERNAL CAUSE WAS PRIMARY □ OR CONTRIBUTING □ OF CAUSE OF DEATH.	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	rown) (e	COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work □ at work □	HOW DID INJURY OC	CUR?		
22. I certify that I took charge of the rema obtained by said Autopsy, Inspection of from: natural causes of accident SIGNATURE	tins described above, held an A r Inquiry, find that said dece , suicide , homicide , (Degree or title)	ased died on the dry state undetermined ADDRESS	d above, and death	in my opinion	e evidence r resulted E SIGNED
23. BURIAL CREMATION DATE THEREO 3-21-19	Rose Hill	Cemetery	LOCATION (City, town Hagerstown	, Md.	(State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	C.M. Suter &	R Sons, Hage	rstown,	RESS

VS. A15A

PLEASE

510246



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Zimmerman

CERTIFICATE OF DEATH

Reg. Dist. No. 503-

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
Washington MARYLAND	Maryland Washirton
CITY (If outside corporate limits, write RURAL and LENGTH OF STA)	OB (The state of
OR give nearest town (in 3his place) TOWN Hagers town	Town Martinsburg West Firginia
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS Williamsport Sanitarium	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Joseph Albert Dermody	OF Manch 20/53
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH WEICH 22/51 19 S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hm
Male White WIDOWED DIVORCED, (Specify) Widower	Months Days Hours Min.
100 HISHAL OCCUPATION (Give kind of work 10h Kind of Browning on	I DEC SO / 80 / 1 yrs. 12. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY etiered	Comment of What
done during most of working life, even if retired) INDUSTRY Etiered 13. FATHER'S NAME 13. FATHER'S NAME	Falling Walters W. Va. U.S/a
Jacob Dermody 15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.	Odessa Gerberick
(Yas, no, or unknown) (If yes, give war or dates of	
M leervice) lucality and	Miss Madaline Dermody
18. MEDICAL C	ERTIFICATION REGERSTOWN Md. INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
To last in 1	of a carelina in the form
2041 Immediate cause	There in the ferral of the said
Antecedent cause(s)	
Diseases or conditions, if any, (b). Quiving rise to the above cause stating the underlying cause last	
etating the underlying cause last	V
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	Yes No [] (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	(OTATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	220 220 220 0000141
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from May, 1	6, 1937, to May. 22, 1957, that I last saw the deceased
	M 10
alive on May . 22, 1951, and that death occurred at.	A.m., from the causes and on the date stated above.
SIGNATURH (Degree or title)	ADDRESS DATE SIGNED
Com June	Williamstend may may 28 57
23. BURIAL/CREMATION DATE THEREOF NAME OF CEMET	
REMAINAL (Specific)	(5000)
Partal 5/24/51 nose	Hill Cemy Hagerstown. Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Miles, 241887 Co Lee M Colory	Andrew K Coffman Hagersotown Md
P	11111 -71
	1100 500



.

2411 N. Charles Street, Baltimore

03053

CERTIFICATE OF DEATH

Reg. Dist. No. 302

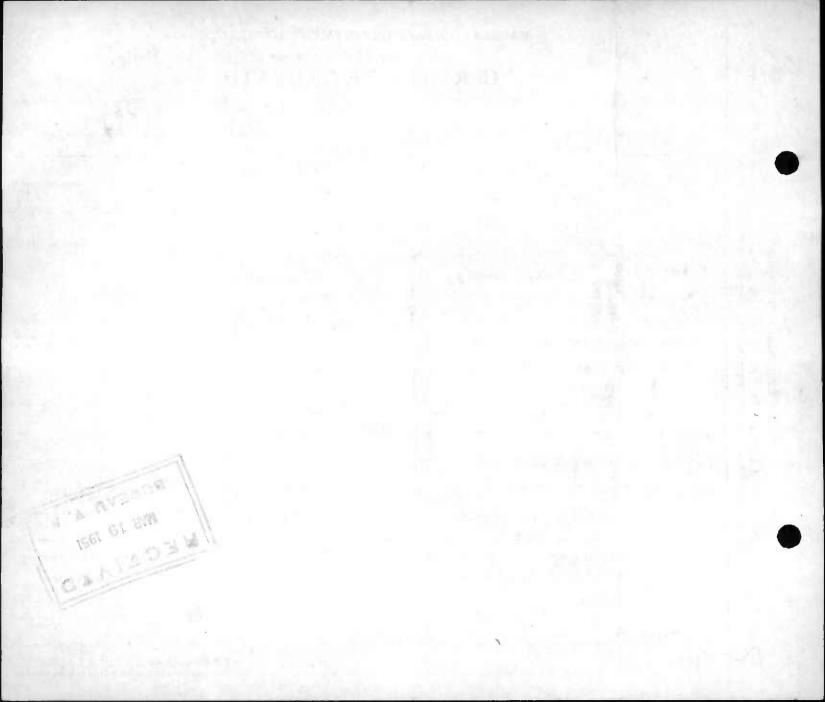
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
Wash. MARYLAND	Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and LENGTH OF STA	OP
OR give nearest town) Hagerstown 2 this place)	TOWN Keedysville
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR Wash. County Hospital	ADDRESS Main
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED Clyde Raymond	Domer DEATH March 13 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr
Male White WIDOWED, MIVORGEI (Specify) Marrie	ed Oct. 27,1904 46 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business	Chambandadan W TT- Comme TI C
done during Ingredient life, even if retired) therry orcha	
13. FATHER'S NAME Frank Domer	14. MOTHER'S MAIDEN NAME Mary Mahoney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yell 2, or unknown) (If yes, give war or dates of service) 219-01-737	8 Mrs. Ruth Domer
18. MEDICAL	CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Ceneralize	of arterio selevoses 14.
1500 Antendant source(s)	
Antecedent cause(s) Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work □ At work □	
	15 CD Q1 /12 C1
22. I hereby certify that I attended the deceased from Mace.	19.5.0, to Muse 3, 19.5.1., that I last saw the deceased
alive on Neurch 13, 1911, and that death occurred a	t. 6:30 Pm., from the causes and on the date stated above.
alive on Manh. 1991. I., and that death occurred a SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
M/1/1/1/2 CM 10	Bandonis 3/11/01
Mount M. w.	14/1/
	ETERY OR CREMATORY LOCATION (City, town, or county) (State)
REMBUTIANISM Mar 17,1951 Fair-	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	/ 24. FUNERAL DIRECTOR ADDRESS
1/100.16,1951 PHASHIJOURNE	R. I. EarnshawKeedysville, Md
	QAAME
	820105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

826

The

VS. A15

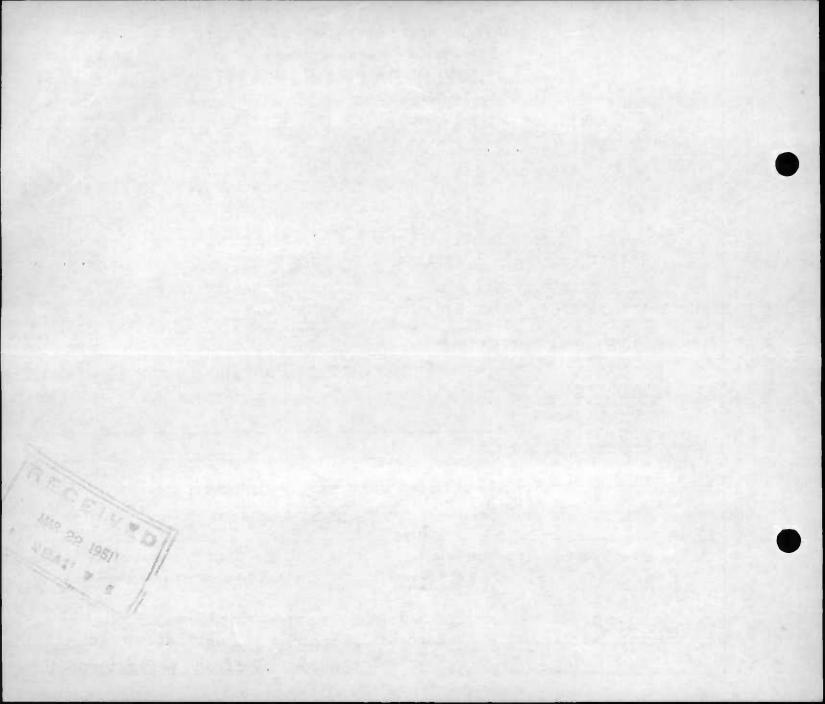


2411 N. Charles Street, Baltimore

Dr. Dotto

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (H			Y .	
AA	ashington	MARYLAND	Maryla		ashing		
OR give nearestr	rporate limits, write RUR. town) agerstown.	R. 2 S Years	CITY (If outside corpora OR TOWN Ha.	te limits, write RI		re nearest town	1)
HOSPITAL OR INSTITUTION OR STREET ADDRES		Pike	STREET	(If rural, giver eren Pik	ve location)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED	Harry	Gross	Doub	OF	March		
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.		DEATH		18	151
Male	White	WIDOWED, DIVORCED, (Specify) Married	Mar. 28,1882		Ta. Months	Days Hours	Min.
done during most of wo	TION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industry Retired	11. BIRTHPLACE (State or Hagerdtown	foreign country)	12	COUNTY? A	WHAT
13. FATHER'S NAME	3	11001104	14. MOTHER'S MAIDEN	NAME	1	U.D.A	•
		ant Dank					
	David Rineha	? I 16. SOCIAL SECURITY NO.	Ann Cather	ine runk			
(Yes, not pr unknown) [(If yes, give war or dates of	None	22.212				
110	service) NO	0.00	Mrs, Kennit				
		18. MEDICAL CEI	RTIFICATION Hage	rstown, M	d	7	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BE	
		1 1 / X				- /	
Immediate	cause (a)	Curry /	en my	-940-4		- age	2
giving rise to	t cause(s) onditions, if any, the above cause aderlying cause last (c)	Afifule		**************************************	\$7 A S AMA H QUI AMA H Q Q A H Q Q @@@	- ## 00 00 00 00 0000000000000000000000	
	CANT CONDITIONS ting to the death hut not e or condition causing deat	h.					
		INDINGS OF OPERATION				20. AUTOP	SY?
						Yes 🗆	No FE
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TO	OWN)	(COUNTY)	(STATE	
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
INJUICI	III.	WORK AC WORK	2/	1			
22. I hereby certif	w that I attended the	e deceased from 3/16/3	19 to 3/18	579 th	et T lost es	aw the door	bonne
7	/ /	document in our in the same of	2 1	Poort, gr & O	160 1 160 06	aw the dete	aseu
alive on	1. 7.5., 19, an	d that death occurred at	m., from the	causes and on	the date sta	ated above.	
SIGNATURE	0/-	(Degree or title)	ADDRESS			DATE SIG	NED
1. 9	W Setto To	04-	sustin My		7	118/37	-
23. BURIAL, CREMA	TION DATE THERE	F NAME OF CEMEDEL	RY OR CREMATORY I LO	OCATION (City, 1	OWD. OF COUNT	(0)	ate)
23. BURIAL, CREMA REMOVAL (Specif Burial	(y) 3/20/51						-00)
DATE REC'D BY L		Rose HY11	Cemetery	Hageret	OWN M	ADDRESS	
REG./20/5	-1 Louis	11/2acrost	Δ.				
111-14	1 1/2 model	71120	Andrew .Cof	fnan Ha	gersto	own Md	
			**		1.	200	
					10	0105	



2411 N. Charles Street, Baltimore

03025

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Washington MARYLAND	Maryland Washington	
CITY (If outside corporate limits, write RURAL and LENGTH OF STA	CITY (If outside corporate limits, write RURAL and give nearest town)	
OR give nearest town) Hagerstown (ig this place)	OR TOWN Williamsport Md.	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR Washington County Hospi	tal Address 25 E. Potomac Street	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
DECEASED	OF	
(Type or Print) Helen V.	Downs DEATH March 2 1951	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.	
Female White WIDOWED, DIVORCED (Specify) Married	Jan. 24 1897 54 yrs. Menths Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work 10h. Kind of Business of	BR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if retired) INDUSTRY	Martinsburg W. Va. COUNTRY? USA.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE HOUSEWIIE	1	
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
Chris Stocker	Lena Gerling	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 25 L Potomac St.	
(Yes, no, or unknown) (If yes, give war or dates of None	Mr. Norris Downs Williamsport Md.	
	CERTIFICATION	
	INTERVAL BETWEEN	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH	
	(6)	
Immediate cause (a)		
422. 2 Antecedent cause(s)	0-0- (00) = m	
Diseases or conditions, if any, (b) - lee any	diles busines	
G a giving rise to the above cause		
stating the underlying cause last		
(c) telower	y bulg trule / jamy	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stre		
SUICIDE OF office hldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	I HOW DID INJURY OCCUR?	
OF While at Not While		
INJURY m. Work At work		
20 Thomby contify that I attended the deceased from 191	50, 19 to May 2, 19.51, that I last saw the deceased	
22. I hereby terthy that I attended the deceased nom	30	
alive of May, 2, 1951, and that death occurred at	8.30 C.m., from the causes and on the date stated above.	
(Degree or title)	ADDRESS DATE(SIGNED	
	211	
And the second	Williams front md. 74/57	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or county) State)	
23. BURIAL CREMATION DATE (HEREOF NAME OF CEME REMOVAL Specify) March 5 1951 Rivery	iew Cemetery Williamsport Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS		
Mayor GIGGI Villa Attillanders		
Theory of the Morrow of	Mr. Albert L. Leaf Williamsport Md.	



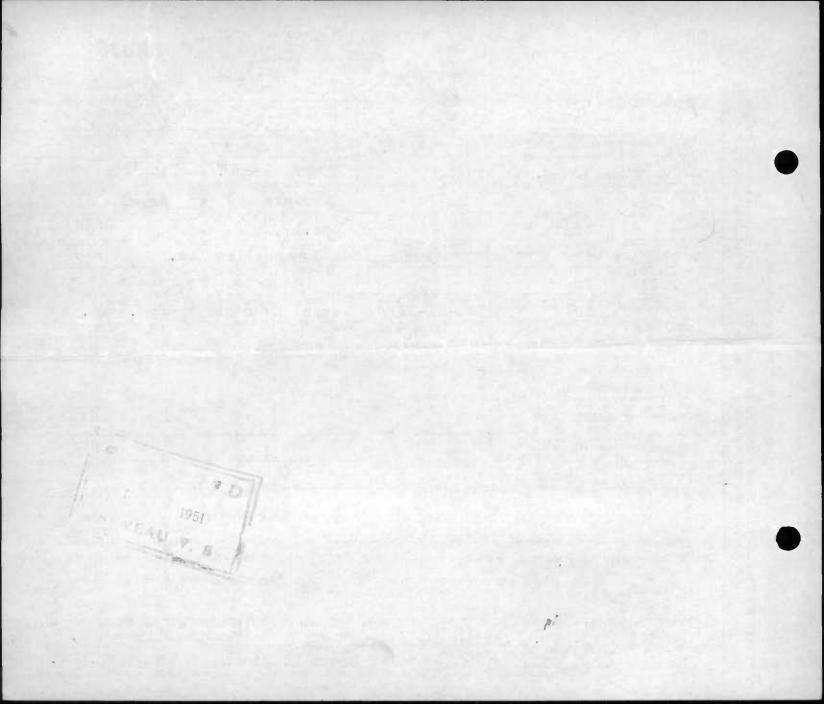
1.0

2411 N. Charles Street, Baltimore

03026

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Wash.				
CITY (If outside corporate limits, write RURAL and LENGTH OF STA OR give nearest town) Hager Stown Limits place) Town	Y CITY (It outside corporate limits, write RURAL and give nearest town) OR TOWN Hag erstown				
HOSPITAL OR INSTITUTION OR 322 W. Washington	STREET ADDRESS 322 W. Washington				
3. NAME OF (First) (Middle) DECEASED (Type or Print) Gladys Marie	Eversole 4. DATE (Month) (Day) (Year) DEATH March 2 (Day) (Year)				
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED BIVORCED (Specify) DIVOICE					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY Dress	Bentonville Va. COUNTRY?				
Phillip Henry	14. MOTHER'S MAIDEN NAME Florence Henry				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 214-09-3737)	Russel Eversole Hag. Md.				
18. MEDICAL	CERTIFICATION				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE				
Immediate cause (a) Carcm	020 dusto. 14 mo.				
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!				
26 /Vuv 94 9 Carcin o S. 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	7. tallopin tube Yes No K				
SUICIDE OF office bldg., etc.) HOMICIDE INJURY					
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?				
	19.44, to 2 Manda, 19.51, that I last saw the deceased				
alive on 27 Ful, 19.51, and that death occurred at SIGNATURE (Degree or title)	6:10 a.m., from the causes and on the date stated above. ADDRESS DATE SIGNED				
Clark Hoadah no	A agestum hus 3/2/51				
Burial (Specify) Mar. 5.1951 Baptist					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Scott F. Minnich & Son Hag . Md.				
	643846				



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03027

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	
	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Maryland Washington
CITY (If outside corporate limits poits PUPAI and LIENCTH OF STAN	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR 37
TOWN Near Hagerstown 116 Years	TOWN Nears Hagerstown STREET (If rural, give location)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS Leitersburg Pike	Leitersburg Pike
3. NAME OF (First) (Middle)	
DECEASED	OF (Long)
	infrock DEATH March 27 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs
Female White WIDOWED DIVORCED, (Specify) Widowed	Aug. 2, 1869 81 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY HOME	COUNTRY?
House Work Own Home	Shepherds town, W. Va. USA:
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Hebb	Florence Hebb
15 Was Decreased From IN II C Aprile Forgoes 16 Contar Comment No.	17. INFORMANT AND ADDRESS
(Yes, no or unknown) (If yes, give war or dates of None	Miss Beatrice Finfrock
18. MEDICAL C	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
^ -	1/ V O ORBET AND DEATH
Township on 1 h Tining	elevitie Heart Desero
Immediate cause (a)	
(/oA Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause	00+
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION	
19R. DATE OF OPERATION 1895. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
	I HOW DID INJURY OCCUR?
OF While at Not While	
OF While at Not While INJURY m. Work At work	
OF While at Not While Nork At work	
OF While at Not While Nork At work	
OF INJURY m. While at Work At work 22. I hereby certify that I attended the deceased from	2, 19.5/., to Man 2.7., 19.5/, that I last saw the deceased
OF INJURY m. While at Work At work 22. I hereby certify that I attended the deceased from	2, 19.5/., to Man 2.7., 19.5/, that I last saw the deceased
22. I hereby certify that I attended the deceased from alive on rack 13, 195, and that death occurred at.	195/., to Man 27, 195/, that I last saw the deceased 10
22. I hereby certify that I attended the deceased from alive on ward 13, 195, and that death occurred at.	19.5/., to MMA. 27, 19.5/, that I last saw the deceased Dim., from the causes and on the date stated above. ADDRESS DATE SIGNED
22. I hereby certify that I attended the deceased from alive on ward 13, 195, and that death occurred at.	19.5/., to MMA. 27, 19.5/, that I last saw the deceased Dim., from the causes and on the date stated above. ADDRESS DATE SIGNED
22. I hereby certify that I attended the deceased from large alive on work 13, 195, and that death occurred at SIGNATURE Large Agreement Agre	19.5/., to MML. 27., 19.5/., that I last saw the deceased O. A. M., from the causes and on the date stated above. DATE SIGNED Turks four had 3 - > 8 - 5/
22. I hereby certify that I attended the deceased from large alive on march 13., 195, and that death occurred at SIGNATURE (Degree or title) 23. BURNALL, CREMATION DATE THEREOF NAME OF CEMET	2, 195/, to A.M.A.27., 19.5/., that I last saw the deceased O
22. I hereby certify that I attended the deceased from large alive on march 23., 195, and that death occurred at SIGNATURE: 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMOVAL (Specify) March 29/51 Rest Hay	19.5/, to Man. 27., 19.5/., that I last saw the deceased December 19.5/, from the causes and on the date stated above. Date signed 3 - > f - 5/ Dery or Crematory Location (City, town, or county) en Cenetery Hagerstown Md
22. I hereby certify that I attended the deceased from land alive on rand 23., 195., and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	2, 19.5/, to AMAL 27., 19.5/., that I last saw the deceased O P.m., from the causes and on the date stated above. DATE SIGNED 3 - > 8 - 5/ ERY OR CREMATORY LOCATION (City, town, or county) (State) en Cenetery Hagerstown Md 24. FUNERAL DIRECTOR ADDRESS
22. I hereby certify that I attended the deceased from large alive on ward 13, 195, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMOVAL, GREGIA) March 29/51 Rest Hay	19.5/, to Mana 27., 19.5/., that I last saw the deceased December 19.5/, from the causes and on the date stated above. Date signed 3 - > 8 - 5/ ERY OR CREMATORY LOCATION (City, town, or county) EN Cenetery Hagerstown Md



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH	H•		2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Washington MARYLAND			STATE COUNTY ashington			
		AL and LENGTH OF STAY	CITY (If outside corpor	rate limits, write RURAL and gi	ve nearest town)	
TOWN give hearest	orporate limits, write RUR town) Cascade	(in this place)		cade		
			STREET	(If rural give location)		
INSTITUTION OF STREET ADDRESS			ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)	
(Type or Print)	NELLIE		FOX	OF DEATH Mar.	12 19 51	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWEDW DIVORCED, (Specify) PU OWED,	8. DATE OF BIRTH		r I year If under 24 hrs.	
F	W	(Specify) WICOWEG	12/20/1881	69 yrs. Months	Days Hours Min.	
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF WHAT	
House House	orking life, even if retired)	Industry	Wolfsvill	e. Md.	COUNTRY? A	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN		0 120 1211	
Rookla	and Blickens	taff	Ida Sh			
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES		17. INFORMANT	7	- 0	
(Yes, No or unknown)	(If year, give war or dates of service)	None	Gran F	Nota	RHI WO	
				- Color Cons	2011,000	
I DISEASES OF CO	NDITIONS DIRECTLY	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN	
i. Distracts on Co	MDITIONS DIMECTLE	LEADING TO DEATH	7		ONSET AND DEATHY	
Immediat	0 001100 (9)	Olympia. Oul	UA WA.		I morre land.	
4201				4	N. H. HANDLE B. R. P.	
Anteceder	nt cause(s)	2 .	. 0 11. 1	// /		
Oh Diseases or o	conditions, if any, (b)	Irolino i cleros a	acles 1/2	a cular A Wash	10 4000	
giving rise to	o the above cause inderlying cause last				- Harris	
	(c)	00 400 5000 0 c0 = 00 = 00 = 00 = 00 0 0 0 0 0 0	\$			
II. OTHER SIGNIFIC	CANT CONDITIONS					
related to the diseas	se or condition causing deat				Annual Control	
19a. DATE OF OPER	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?	
					Yes \ No \	
21. ACCIDENT SUICIDE	(Specify) PLAC	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNTY	(STATE)	
HOMICIDE	INJU	office hldg., etc.)	0 0 0 0			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
INJURY	m.	While at Not While Work At work		1		
		6)	. 11	1		
22. I hereby certi-	fy that Lattended the	deceased from	, 19.4.7, to Marca	1. 195 that I last s	saw the deceased	
1/	11. //		04 4			
alive on	, 199, and	that death occurred at	ADDRESS , from the	causes and on the date st	ated above.	
SIGNATURE	1 1/	(Degree of ditte)	ADDRESS	11 .10	DATE SIGNED	
Kolud	1d. / lend	u. M.O /3/11	· Medan x	Linner d 12	- 12 Unil -	
23. BURIAL, CREMA	TION DATE	NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town, or coun	ty) (State)	
REMOVAL (Speci	(y) 3/15/5		emetery	177 1 7 7 7	_	
DATE REC'D BY I			24. FUNERAL DIRECTO		y land ADDRESS	
REG. MCA IN	11/ 2002	2 transit	00 ma 0: 6			
7,000	1/1/1/1	reguson	V- Juren	TOE Waynesbo	ro, Pa.	

BUREAU V.

CERTIFICATE OF DEATH

The correct.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

/				
1. PLACE OF DEATE			2. USUAL RESIDENCE (HOME) OF DECEASED.	***
	shington	MARYLAND	STATE Maryland COUNTY	Washington
	rporate limits, write RUR	(in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN	Hagersto	OWn (III this place)	TOWN Rural nagerstown	
HOSPITAL OR INSTITUTION OR	Ter 1	0 - 27 - 1 1 2	STREET (If rural, give location)	vo +
		Co. Hospital	ADDRESS Route 6 Woodpoi	11 6
3. NAME OF DECEASED	(First)	(Middle)	(Last) 4. DATE (Month) OF March	(Day) (Year)
(Type or Print)	William	L.	PICHCH DEATH MAICH	11, 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	S. DATE OF BIRTH 9. AGE last hirthday If under April 24 18 0 60 Months	year If under 24 hrs. Days Hours Min.
Male	White	WIDOWED WILD OWE O	troit 24, 1040 of Mar	
dope during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland	COUNTRY? U.S.
13. FATHER'S NAM		-	14. MOTHER'S MAIDEN NAME	
	William H		Christiana M. Kline	
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	D+ C 3/1
Yes	(If yes, give wan or dates of service)	219-20-3432	James L. French Hagerstown	Rt.o, Md.
	V	18. MEDICAL CE	RTIFICATION	7.
I. DISEASES OR CO.	NDITIONS DIRECTLY	LEADING TO DEATH	2	INTERVAL BETWEEN ONSET AND DEATH
		Palmer R.	Cruboles	1/ 60
Immediate	cause (a)	0	711	124.
Anteceden	t cause(s)	Delun ventati	Moress. B.O.X	1340
Diseases or c	onditions, If any, (b)		volume of the second	Jan.
giving rise to	the above cause aderlying cause last			
	(e)			
II. OTHER SIGNIFIC Conditions contribu- related to the disease	CANT CONDITIONS ting to the death hut not se or condition causing deat	h.	CHARLES BY BY BY STEIN	
19a. DATE OF OPER	RATION 19b. MAJOR E	ONDINGS OF OPERATION	1.00	20. AUTOPSY?
Jeb. 5 n	1951 0	Deliveretal o	risces.	Yes No 1
21. ACCIDENT SUICIDE HOMICIDE		CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY	m.	While at Not While Work At work	1, 1	
	fy that I attended the	Leh ?	195 / horth 11, 195/, that I last sa	w the deceased
Men.	1/11 1	d that doub	70	
alive on SIGNAPERE	10 an	d that death occurred at	m., from the causes and on the date sta	ated above. DATE SIGNED
Flash	21/NOTO.	11111	Honorata 11.1	3 DA
- June	My all	an Ive	11 of sydan men	1/3/0
23. BURIAL, CROMA REMQVAL (Speci	Marsh .		RY OR CREMATORY LOCATION (City, town, or county	y) (State)
Burlal	I Mar I . I D	,1951 Rest Hav	en Cemetery Hagerstown, Ma	ryland
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	TADDRESS
1/100.13,19.	51 pnos	17 2000	Adrian H. Rowland Clear S	pring Md.
	THE PARTY OF THE P		471	111/1/
			1/0	100

MAR IF 1951 BURBAU V. 5

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	neg. Dist. 110
1. PLACE OF DEATH. COUNTY Washing Tow MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY ask instan
CITY (If outside corporate limits, write RURAL and CR give nearest/town) TOWN CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ASCASSALL
HOSPITAL OR INSTITUTION OR GO W. North Street	ADDRESS 60 W. (Grupal, give location)
3. NAME OF DECEASED CHARLES EDWARD (Type or Print)	PALLOWAY OF DEATH 3 /27 (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED, (Specify) Supple.	S. DATE OF BIRTH 9. AGE last hirthday 1 If under 1 year 1 Months Days 1 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during prots of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward Galloway	14. MOTHER'S MAIDEN NAME UNKNOW
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, pg. or unknown) (If yes, give war or dates of service)	Mer. L. L. Williams Harrisonburg, Va.
18. MEDICAL CE.	INTERVAL BETWEEN
4 Immediate cause (a) Chronic En	do Carditis + nephrites (?)
42/ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	do Carditis + Nephritis (?)
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3/22	, 195/, to 3/27, 195/, that I last saw the deceased
alive on 3/27, 195%, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED DATE SIGNED
firm Offiller	MARIONALUWIL MAN. 3/27_1951
REMOVAL (Specify) 3/30/1951 Case Au	Comeley Jagerslowe, Mrd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 1000, 30 95 6 kast 12 occurs	William & Downly 291 Gredick St
	784836



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Washing line MARYLAND	STATE COUNTY FLORIDA.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place) TOWN Hage form	TOWN Mark Ollo.
HOSPITAL OR	STREET (If rural give location)
	ADDRESS (A rule give location)
STREET ADDRESS 45 East ave	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) NaRageT ANN	TILDERT DEATH 3 8 195
5. SEK 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE iast birthday If under 1 year If under 24 hi
Temple white WIDOWED, DIVORCED, (Specify) wednesd	7/31/1877 73 yrs. Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	71 1 0 COUNTRY? W
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
D Q A	H. MATHER'S MAIDEN NAME O
Bluganus Hoskotn	Jenno Leveney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	MINFORMANT
(1) service) - Tree.	Mrs Fred Hussong, Hagerstein Md.
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
1. DEBEASES ON CONDITIONS DINSCIBL BEADAWN TO DEATH	ONSET AND DEATE
Immediate cause (a) Darancesy	Ansufficiency / year
420 I Infinediate cause	
Antecedent cause(s)	
Diseases or conditions, if any, (b) giving rise to the above cause	
93 a stating the underlying cause last	16 -4-17/
(offlices we	Allan Elsevil 10-4
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No (CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.)	(CITT OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
	·un 3/2/5/
22. I hereby certify that I attended the deceased from.	, 19.7., to, 19, that I last saw the deceased
2/7/5/	245
alive on, 19, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
SIGNATURAL (Degree of titue)	1
Alexbourgh (Dale 10/000 Med 3/9ks
	RY OR CREMATORY LOGATION (City, town, or county) (State)
REMOVAL (Specify)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. VUNERAL DIRECTOR ADDRESS
REG. A ICAN MEDISTRANS SININATURE	Walk all a Manual ADDRESS
111047,1781 10 10017,130000	VILLOS GATONE NOUNGERUS Pa



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03032001

CERTIFICATE OF DEATH

					reg. Dist. 140		***********
1. PLACE OF DEAT	CH.		2. USUAL RESIDENCE	CE (HOME) OF DEC	CEASED.	,	
Warsulusi	ton	MARYLAND	STATErylan	d V	Vashing	ton	
CITY (If outside	corporate limits, write RUR.	AL and LENGTH OF STAY	II OTT T (TI ORIGING CO	pornos minitas, write .	RURAL and giv	e nearest tow	n)
	tgerstown Rur	al 10 treats	Town Hag		Rural		
HOSPITAL OR INSTITUTION C STREET ADDR	DR Downsville	Pike	STREET ADDRESS D	ownsville	Pike		
3. NAME OF	(First)	(Middle)	(Last)	I 4. DATE	(Month)	(Day)	(Year)
(Type or Print)	LEWIS	ELLERMAN	GRAB	OF DEATH	Mar.	23	1951
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCES, (Specify) MARTIEO,	Feb. 23,1	9. AGE last birt	hday If under Months	Days If und Days Hour	er 24 hrs Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY WNET	Columbia		12	CITIZEN OF	WHAT
13. FATHER'S NAM			14. MOTHER'S MAI	DEN NAME	-		
Harry Gra	ıb			e Brunner			
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT A	ND ADDRESS			
(Yes, not or unknown)	(If yes, give war or dates of service)	" West & to beater	Mrs Leah	Grab Nage	ers town,	, Md.	
		18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL B	DEATE
						Orthan Mito	0
Immedia	te cause (a)	Coronas	Threen			200	ter
1501							
1201 Antecede	ent cause(s)						
Diseases or	conditions, if any, (b)	**************************************	***********************	************************	91 /4 vo.1	***** (** 40 *** *** *** *** ***	
	underlying cause last						
	(c)					1	
Conditions contrib	CICANT CONDITIONS outling to the death but not ase or condition causing deat	h					
19a. DATE OF OPI	ERATION 19b. MAJOR F	FINDINGS OF OPERATION				20. AUTOR	PSY?
						Yes 🖂	No 🖯
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY (OR TOWN)	(COUNTY)	(STAT	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?			
		2/-/	2/				
22. I bereby cer	tify that I attended the	e deceased from 23/3	7. 19 to 1/4	3/57.19	that I last as	w the dec	eased
dud	2/ ,		-1				
alive on	/LJ./5.7, 19, an	d that death occurred at	m., from	the causes and or	the date sta	ated above.	
SIGNATURE	SCAN	(Degree or title)	ADDRESS			DATE SIG	GNED
4.	The Sellan	X/	3 cection	ned	>	12/57	7
23. BURIAL, CREM	ATION DATE THERE	F NAME OF CEMEDE	RY OR CREMATORY	LOCATION (City	town of count	v) (S	tate)
REMOVALACIPE	elfy) 3/27/	37 Rest Have	n Cemetery	Hagerst		(5)	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRE	CTOR	THE PARTY	ADDRESS	3
Proc. 26	-1951 Q No	m Tolypu	Andrew K.	Coffman	Hager	stown	Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



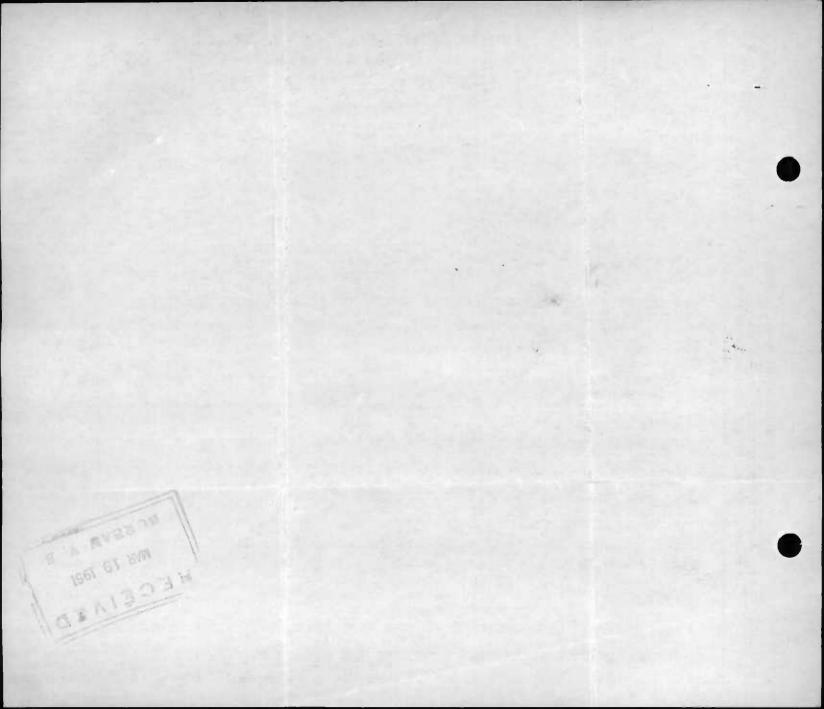
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town
OR give nearest town) (in this place)	TOWN Smeets Pung
HOSPITAL OR INSTITUTION OR DOLLAR TO	STREET (Mural, give location)
INSTITUTION OR STREET ADDRESS Rolchie Hozzelol	ADDRESS K#2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Charles W.	Grable DEATH March 14 1951
5 SEY 6. COLOR OR RACE 7. SINGLE, MARRIED.	(%. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
male while WIDOWED, DIVORCED, (Specify) Marriel	Caril 5, 1897 5-3 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OB	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even Il retired INDUSTRY	lest.
13. FATHER'S NAME O State Hosp.	14. MOTHER'S MAIDEN NAME
Charles Grable	Harrelle Grable
15. WAS DECRASED EVER IN O.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service) he lais	Hospital Reend
18. MEDICAL CER	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	0 . 0
443x Immediate cause (a) Cerebral 4.	mourhage 10 hrs
Antecedent cause(s) Diseases or conditions, if any, (b)	. Contro- Vascular Desease Many years
430 giving rise to the above cause	
stating the underlying cause last	manyy
II. OTHER SIGNIFICANT CONDITIONS	The state of the s
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
198, DATE OF OPERATION 138, MASON PRODUCTS	1/
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	Yes No E
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(63112)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
	10 24-11/12/
22. I hereby certify that I attended the deceased from Dec. 12	, 19.49, to March 14.195.1., that I last saw the deceased
alive on March 14, 1951, and that death occurred at	6:20 Am from the source and on the data stated above
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Daniel Lai, m. D. Retchie H	ospelal, Cascade, md. March 14,1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3/18/193/ BETHEL CA	
REMOVAL (Specify) 3/18/195/ BETHEL CA	EMETERY WASHINGTON CO. MD.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 1895) Volume of Johnson	J. Marli NOE WAYNESBORD PA
- HA Low Regalia	1 100001
11 Less of the	643436



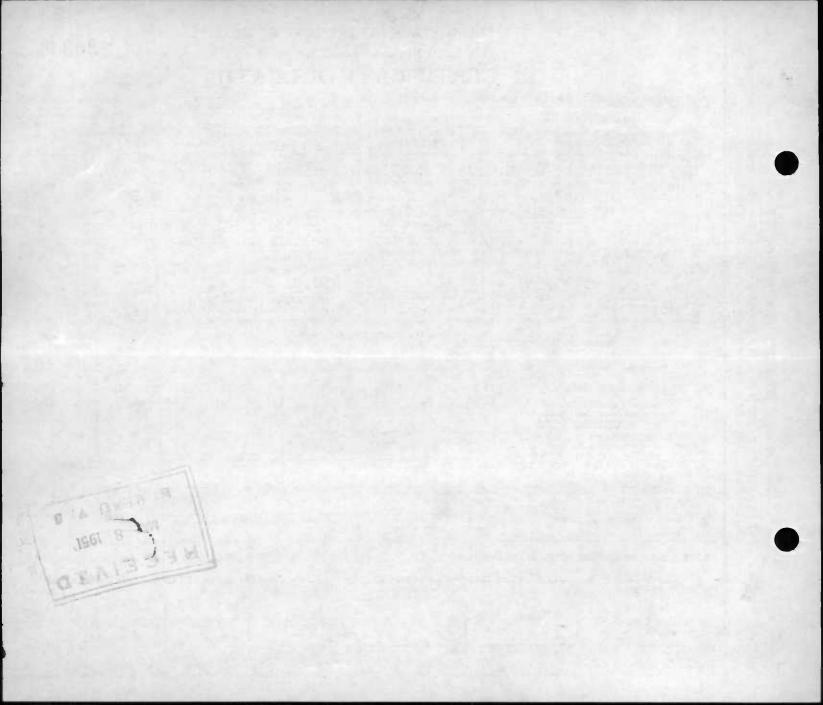
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

/		
1. PLACE OF DEATH- COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	WASHINGTON
CITY (If outside comports limits, write RURAL and LENGTH OF STAY OR given a carbon of OWN (in the Polace)	CITY (If outside corporate limits, write RURAL and giv OR HAGERSTOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITA	STREET ADDRESS 137 RANDOLPH AVE.	
3. NAME OF DECEASED (First) DANIEL JACOB GRO	OVE (Last) 4. DATE (Month) OF MARCH	(Day) (Year)
5. SEX MAT.E 6. COLOR OR RACE WIDOWED, ARRIED, (Specify), ARRIED, (Sp		1 year If under 24 hrs Days Hours Min.
19a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 19b. Kind of Business on Labourer Labourer CO.	11. BIRTHPLACE (State or foreign country) 12 MARYLAND 12	COUNTRY? U.S.
DANIEL M. GROVE	REGINA C. STECK	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no No unknown) (If year, give war or dates of 214-09-5881	MR. DANIEL W. GROVE HAGER	ST MD.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Crebral Nemon	whose	2 days.
33/X Antecedent cause(s) UMCula hybu	itensim - arterio Edersis	wears)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		вы ок он просте оспородно додинулиру очером
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	2, 1951, to handh 4, 1951, that I last sa	w the deceased
alive on tach 4, 195, and that death occurred at	ADDRESS and on the date sta	ited above. DATE SIGNED
JB Nowent Mo. 1196	whitelum or stogentin	M M.
23. BURIAL CREMATION DATE NAME OF CEMPTER REMOVAL (Speely) 3/7/5/	CEM, LOCATION (City) Jown, or county	
MATERICA BY ROCAL REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY OF THE PROPERT	24. FUNERAL DIRECTOR Hases	ADDRESS Not
		2 A Little



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03035

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH.		2. USUAL RESIDENCE	(HOME) OF DEC		
WASHINGTON	MARYLAND	STATE MARYL	AND	COUNTY	ASHTNOTON
CITY (If outside corporate limits, write RURA)		CITY (If outside corp		URAL and giv	e nearest town)
TOWN HAUERSTOWN - Rura	al (in this place) Vrs.	TOWN HAGEI	RSTOWN		
HOSPITAL OR INSTITUTION OR HACED ABOUNT		STREET ADDRESS OOT	(If rural, g	ive location)	100
STREET ADDRESS HAGERSTOWN	N, Route 5	ADDRESS 901	SOUTH PO	TOMAC S	ST.
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print) LOLA	LAVINA	GROVE	OF DEATH	3	29 151
	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last birth	day If under	1 year III under 24 hrs
FEMALE WHITE	WIDOWED, DIVORCED (Specify) MARRIED	Oct. 30, 1877	73	yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12	CITIZEN OF WHAT
done during most of westing life, even if retired)	INDUSTRY HOME	FREDERICK (CO. Ma.		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDE			O a O a A a
MARTIN V. ARNOLD		SUSAN ANI	N HUPT		
15. Was DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS		
(Yes, no, or unknown) (If year, give war or dates of nO service)	none	MRS.JOHN MII	LLER. RTE	5 HAG	ERSTOWN:
					, IN. D.
I. DISEASES OR CONDITIONS DIRECTLY L	18. MEDICAL CE EADING TO DEATH	RTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	6.5	lendii Hear	1)		11
Immediate cause (a)	Merio se	sand in effect	pare	000 0 mg x 000 0 0 0 0 mg 0000 0 4 0 0 0 0 0 1 0 mg	Tyeors.
Antecedent cause(s)					
420.0					
Diseases or conditions, if any, (b)		9 8 886 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		**************************************	
1360 stating the underlying cause last					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		**************************************		***************************************	\$
related to the disease or condition causing death.					
19a. DATE OF OPERATION 19b. MAJOR FI	NDINGS OF OPERATION				20. AUTOPSY?
					Yes No 6
21. ACCIDENT (Specify) PLACI	E (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STATE)
HOMICIDE INJUR					
	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?		
INJURY m.	Work At work				
00 7 1 - 1 - 426 42 4 7 44 - 1 - 1 41 -	1	41 hel	29 .51		
22. I hereby certify that I attended the		and a -	7, 1957, t		
alive on Mc 28 1951, and	that death occurred at	P.m. from th	e causes and on	the date sta	ited shove
SIGNATURE	(Degree or title)	ADDRESS	7	1110 0110 010	DATE SIGNED
Milwerley	He	gers form	and .	3	/30/51.
23. BURIAL, CREMATION DATE		MY OR CREMATORY	LOCATION (City,	town, or county	y) (State)
REMOVAL (Specify) 3/31/51	ST.PAUL'S		WASHINGT	ON CO.	, MD.
DATE REC'D BY LOCAL REGISTRAR'S S	IGNATURE	24. FUNERAL DIRECT	OR	-11	ADDRESS
1100. 30,1951 phont	to were,	1 1 16	ormanl	Hages	slown met
					//



VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for addition 21 shown on:

CERTIFICATE OF DEATH

03036

1 3 2 APR 18 1951 FOR MEDICAL EXAMINERS Reg. Dist. No.

/						
1. PLACE OF DEAT COUNTY	H. Washington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEAS	ED. COUNTY	Wash.
OR give nearest TOWN	corporate limits, write RUR t town) Sel'stown	AL and LENGTH OF STAY	CITY (If outside corpo OR Hager		AL and give	nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 234 E. Fra	nklin St.	STREET ADDRESS 234	E.Franklin	ocation)	
3. NAME OF DECEASED (Type or Print)	Walter	Garver	Gruber	OF DEATH Mar	onth)	(Day) (Year) 3 195
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday 47 yrs.	If under I Months	year If under 24 hr Days Hours Min
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Hagerstown,		12. C	CITIZEN OF WHAT
Frede:	rick D. Grub	er	Cora Garv			
15. WAS DECRASED E (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES (If yes, give war or dates service)	of 214-19-9487	Mrs. Wal	ter G.Grub	er	
		18. MEDICAL CE	RTIFICATION		1	
						INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY					ONSET AND DEATE
		Acute barbitura	te noisoning	(Amyrtal)		
Immediat	te cause (a)		00 00100111110	(aziiiy occi.,		
07/1						
	nt cause(s)					
Diseases or	conditinns, if any, (b)	# ************************************		************************************		
11970 stating the	underlying cause last	777 7	1			
1 0	(c)	Blood containe	ed 1.9 mg. %	barbitural	te	
Conditions contrib	ICANT CONDITIONS outing to the death but not see or condition causing deat	th.				
		FINDINGS OF OPERATION			i	20. AUTOPSY?
None						v - m . v - 6
25 EVERDALAL CA	TIGE WAS I DIA	CE (H f f	(CITY OR	MONTH.	COTTATEMEN	Yes No S
21. EXTERNAL CA PRIMARY A OR C CAUSE OF DEAT	ONTRIBUTING OF	CE (Home, farm, factory, street, office bldg., etc.) None	Dies	ration i	COUNTY)	(STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	ouls	dose
OF INJURY	m.	While at Not while work at work	al solum	amoutal		
obtained by 8a	id Autopsy, Inspection of	ains described above, held an A or Inquiry, find that said dece , suicide , homicide , akc) (Degree or title)	Autopsy , Inspection ased died on the day stat	Inquiry there ed above and death Potomac S	in my o	nom the evidence pinion resulted DATE SIGNED
23. BURIAL, CREM	dation Date there city) 3-7-195	of Greenhill	The state of the s	Waynesboro	, Pa.	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	C. H. Suter &	Sons. Hage	rstow	MADDRESS MI MIC.



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Dittd)3037

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
Wishington MARYLAND	STATE aryland Washington
CITI (II outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Hagers town 3 Yrs	TOWN Hagers town
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 47 Devonshire Rd.	ADDRESS 47 pvonshire Rd.
3. NAME OF (First) (Middle)	
DECEASED	(Last) 4. DATE (Month) (Day) (Year)
	RDY DEATH Mar 4 1951 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.
Male White WIDOWED DIVORCED, (Specify) Married	Sept 11 1886 54 ym.
10a, USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Crossing Flag Man 13. FATHER'S NAME Line during most of working life, eyon if retired) BEO RR 13. FATHER'S NAME	Pleasantville Md. USATTY
13. FATHER'S NAME -6_	14. MOTHER'S MAIDEN NAME
George Hardy	Catherine Ridenour
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yearno, or unknown) (If yes, give war or dates of 705-10-1732	Mrs Anna B. Hardy
I8. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset and Deate
	ORBET AND DEATH
Immediate cause (a) Stypertrans Ca	whis Vesenter Design
710%	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	9000 - 1.1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
stating the underlying cause last	
(c)	
JI. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No C
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
INJURY III. I WORE AC WORE	
22. I hereby certify that I attended the deceased from	1947 to 7 4 197 that I last saw the deceased
alive on, 19, and that death occurred at SIGNATURE: (Degree or title)	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1. W Seller	16/57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
DEMOVAL (Specific)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	anor Cemetery Samples Manor Md
11/00 11/10 XV100 11/00 000	Andrew K. Coffman Hagerstown Md
	691506
	610000



CERTIFICATE OF DEATH

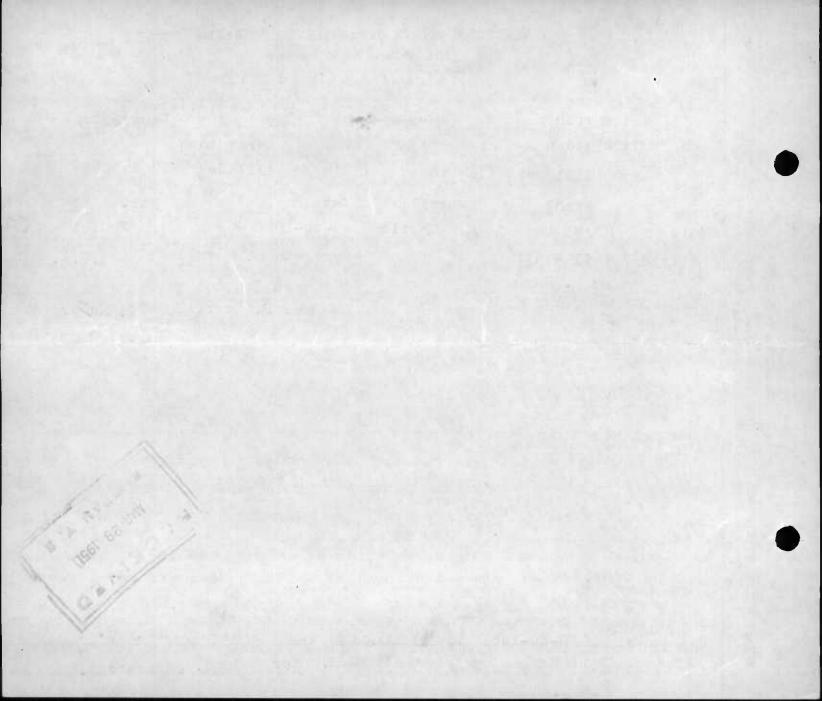
/	Reg, Dist. No	
1. Place of Death- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED Maryland Washing	ton
OR give nearest town TOWN LEGIS to WN	CITY (If outside corporate limits, write RURAL and give on Hagerstown	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1121 Oak Hill Avenue	ADDRESS 1121 Oak Hill Aven	ue
3. NAME OF (First) (Middle) DECEASED (Type or Print) Frank Merrill	(Last) 4. DATE (Month) OF DEATH Mar.	(Day) (Year) 23 19 51
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED MAINTED (Specify) MAINTED	, Jan. (Jan.)	l year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retized) Retired Retail Statio	Hagerstown, Maryland U	COUNTRY?
Rufus M. Hays	Laura Heard	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	,	lagerstown
18. MEDICAL CI	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Crebral J	bromboses	ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b) Arterisocler		3 yrs
83 or giving rise to the above cause stating the underlying cause last (c) Thy per tension	1 Vascular Sisease	5-yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		0
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from how	, 19.48, to Man 23., 19.57, that I last s	aw the deceased
alive on March 23, 19.51, and that death occurred at SIGNATURE (Degree or title)	4:00 A.m., from the causes and on the date sta	ated above. DATE SIGNED
Dalta m. Welly M. D.	Hazustown, Md.	3-23-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE BURIAL (Specify) 3-26-1951 Rose Hill	Cemetery Location (City, town, or count Hagerstown, Md.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

The correct age M

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

VS. A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Layman

CERTIFICATE OF DEATH

g. Dist. No. 38 2

100	/				
Χ	1. PLACE OF DEATH	4.		2. USUAL RESIDENCE (HOME) OF DECEASE	
	COUNTY	oton	MARYLAND	STATE aryland Was	ton
1	CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY	II CITY (II outside corporate limits, write RURA)	and give nearest town)
1	OR give nearest	zerstown	(in7this place)	OR Hagerstown	
1	HOSPITAL OR			STREET (If rural, give loc	ation)
	INSTITUTION OF STREET ADDRESS	Washing to:	n County Hosp.	ADDRESS 39 N. Foundry S	St.
	3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Mor	nth) (Day) (Year)
1	(Type or Print)	BERTHA	ELLEN		rch 1 1951
	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday	If under I year If under 24 hrs. Months Days Hours Min.
	Female	White	(Specify) Married	I MOA TA TOLD LTAIS!	
	done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
	nousew	ile	Own Home	Falling Waters, W. Va	COUNTRY? USA
	13. FATHER'S NAM			14. MOTHER'S MAIDEN NAME Sarah Ridenour	
1	John J	Ripple			
	(Yes, no or unknown)	VER IN U.S. ARMED FORCES	of l	17. INFORMANT AND ADDRESS	
1	No	(If yes, give war or dates of lservice)	None	Mrs Viola Scott	
			18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	1	ONSET AND DEATH
1			C	Anath Our	1 Hours
1	4142 Immediate	e cause (a)	Congestin	year, facus	
	Anteceden	it cause(s)	(31. d.	1. W Nin with	la se
Т	Diseases or o	conditions, if any, (b)	Theumake	near outer	Treamong
	stating the u	nderlying cause last	M	cultiple valuates degler	geare
1		(e)			
1	II. OTHER SIGNIFI	CANT CONDITIONS	(1) 1	0 0 -	
1	related to the diseas	se or condition causing deat		l'asthma	
	19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION		20. AUTOPSY?
					Yes 🗆 No 🗅
	21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN) (CC	OUNTY) (STATE)
1	TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
1	OF INJURY	m.	Work At work		
	22. I hereby corfi	fy that I attended the	deceased from hand	, 1948, to telesion 1957, that I	last saw the deceased
	alise on t	1- 28isc/	d that death occurred at	7 A.m., from the causes and on the	data stated shows
1	alive on	2., 104, an	(Degree or title)	ADDRESS	DATE SIGNED
1		() 4	0.0	Ahra Staring Chi	home 12 195.
	///	1) (almon	, mo	Magas Jour 1 M	116001/221
	23. BURIAL CREM.	ATION DATE THEREO		RY OR CREMATORY LOCATION (City, town	
	REMOVAL (Spec		I River Vie	w Cenetery Williamspo	rt Md.
	DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	1120, 4,19	31 prasi	TITOWERS	Andrew K. CoffmanHager	stown Md.
-					



The correct age

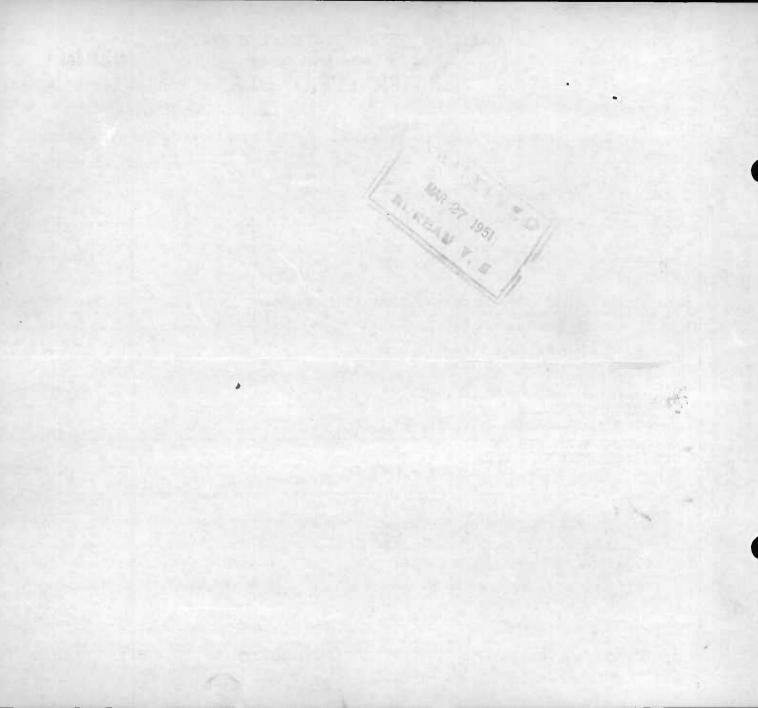
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03040

1. PLACE OF DEAT			2. USUAL RESIDENCE (HOME) OF DECE	ASED.	
COUNTY	Vashington	MARYLAND	STATE Maryl	and	COUNTY	Washington
CITY (If outside a	t town) Hagerston	Nn 300 the place	OR Hage:	nte limita, write RU rstown		
HOSPITAL OR	D	County Hosp.	STREET ADDRESS 751	(If rural, give Spruce St		
3. NAME OF DECEASED (Type or Print)	(First) Ella	(Middle) M •	Herr	4. DATE OF DEATH	(Month)	(Day) (Year) 22, 51
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) I OWE O	Nov. 14,1893	57 y	day If under Months	I year If under 24 hr Days Hours Min.
done during most of	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry Own home	II. BIRTHPLACE (State Illinois		12	COUNTRY? U.S.
13. FATHER'S NAM	icholas Hartı	man	14. MOTHER'S MAIDEN			
15. WAS DECRASED E (Year no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates o service)	16. Social Security No.	Rudolph R. H	ADDRESS Hag	erstov	wn, Md.
		18, MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	0			INTERVAL BETWEEN ONSET AND DEATH
Immedia	te cause (a)	Pulmone	oug aubole	our ,	************	3les.
Diseases or	nt cause(s) conditions, if any, (b)	to hour	al Thomboses	- KY 60.	while)
33 / stating the	to the above cause underlying cause last (c)	Influeer				Vdays
Conditions contrib	ICANT CONDITIONS uting to the death hut not use or condition causing deati	t.				
		INDINGS OF OPERATION				20. AUTOPSY?
						Yes No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office hldg., etc.) RY	(CITY OR		(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CUR?		
22. I horeby cert	tify that I attended the	deceased from Muste	21, 1957, yo llouch	22, 1957, th	nat I last s	aw the deceased
alive on	rely 22, 19, and	d that death occurred at (Degree of title)	ADDRESS from the	causes and on	the date st	ated above. DATE SIGNED
Huly H	Willean	w	Hogedown	the	11	23/57
REMOVAL (Spe	time to wood	1951 Rest Hav	en Cemetery	LOCATION (City, Hagerston	70.00	ryland
DATE REC'D BY	LOCAL REGISTRAR'S	H VIoues V	Fred W. Kra	OR	gersto	ADDRESS wn, Md.
		,				



2411 N. Charles Street, Baltimore

03041

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY
Washing ton Maryland	Maryland Washingto
CITY (If outside corporate limits, write RURAL and LENGTH OF STATE	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Hagerstown In this place)	TOWN Charpsburg Maryland
HOSPITAL OR INSTITUTION OR A COMPANY HOSPITAL OR	STREET (If rural, give location)
STREET ADDRESS Washington County Hospit	Address Main St. Sharpsburg Md.
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Willared Lana	noover DEATH March 1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hr
Female White Widoweb, Divorcep, (Specify Married)	Nov. 8 1893 57 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. Kind of Business or	111. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY Home	Near Sharpsburg Md. COUNTEY?USA
HOUSEWIFE HOME	1 14. MOTHER'S MAIDEN NAME
malcolm Victor Smith	Sallie D Wilson
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No service) No (NOTICE	Mr. Harry Hoover Sharpsburg Md.
18. MEDICAL C	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	(7)
Immediate cause (a) Carcinoma of	the Gall bladder 1 Yr \/
155×	
Antecedent cause(s)	
Diseases or conditions, if any, (b)	- 000000** - 1010000** PT07 000 1010 000 1010 000 1010 100 100 10
#16 T stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes me	llitus 10 Yrs
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPSY?
	in to liver & shdomen
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from	.1, 1950., to3/1/.51, 19, that I last saw the deceased
0/00	C 404
alive on2/.28, 19.51, and that death occurred at.	6:40Am., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Walter N. Shia M.D. S	harpsburg, Md. 3/2/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	
Man A	Albert L. Leaf Williamsport Md.
Mrs. 3, 1951 Steasty gowers	1 Albort Loct Williamshort Wil.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

VS. A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03042

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Wash.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) BOONS boro 2 (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN BOOKS OF R. F. D.	e Hewrenc coart)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Con. Home	STREET (If rural give location) ADDRESS	
3. NAME OF DECEASED (First) Charles Franklin	Hopper 4. DATE (Month) OF DEATH March	
5. SEX Male 6. COLOR OR RACE Widowed, Divorced, Widowed, Specify) Widowed	8. DATE OF BIRTH 9. AGE last birthday If under Months 11. BIRTHPLACE (State or foreign country) 12.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industry Ind	Allentown, Penna.	COUNTRY? U.S.
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	<u>.</u>
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no or unknown) (If yes, give war or dates of service) None	Mr. William Wells	
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Gangrene		1Mo. 9 kg.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Myocarditis	rosis	11 W
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Debi	lity	1
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from F.O.b.	1, 1951, to Mar. 10, 1951, that I last so	aw the deceased
alive on Mar. 10, 19.51, and that death occurred at (Degree or title)	9:45 Pm., from the causes and on the date sta	ted above. DATE SIGNED
Ashibert Made. M. D.	Boonsboro, Md.	3/12/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMODAL (Specify) Mar. 13.1951 Rose-H	ERY OR CREMATORY LOCATION (City, town, or county	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March. 12.1951 Jahr W. Bast	R. I. Earnahaw-Keedysvi	ille,Md.
	5102	46



CEDTIFICATE OF DEATH

- 6	-81	- 3	-4	- 1	-12	10	٦)	
- 1	и.	3	4	3	7		Z.	
- 6	-11	P.J	1	7	Profit.	0	ъ	
		1			all a	4	K	

CERTIFICAT	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	ashington
CITY (If outside corporate in the Write RURAL and CITY (If outside corporate in the RURAL and CITY (in this place) TOWN	CITY (It utside corporate limits, write RURAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If run) give location)	20#4
3. NAME OF DECEASED (First) (Middle) (Type or Print) MARTIN	OPST SEATH MAN	(Day) (Year) 6 1851
5. SEX 6. CÓLOG OR RACE 7. SINGLE, MARRIED, WIDOWED. DIVORCED, (Specify)	23.1078 / 2 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most divorking life, even if retired) INDUSTRY	Pennsylvania C	CITIZEN OF WHAT
acoh h Horst	Elizabeth Martin	•
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (1 year, give war or dates of service) (Yes, no, or unknown)	Menno Horst Haguston	ROY
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s)	edema,	4 km,
Diseases or conditions, if any, (b) Myaranarac giving rise to the above cause stating the underlying cause last (c) Myaranarac (c)	delis	Indefinite
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	. after death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased	5- 6-5, to	
alive on, 19, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	ted above. DATE SIGNED
23. BURIAL, CREMATION DATE NAME OF CEMETE REMOVAL Society)		3657 (State)
DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE	24. FUNERAL DIRECTOR (16 Minish Magaza	ADDRESS
	18010	05 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03044

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Washington MARYLAND	STATE Maryland County	Washingto
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown (in this place)	OR Clear Spring Rural	Rt. 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET (If rural, give location) ADDRESS Indian Springs	
3. NAME OF (First) (Middle) DECEASED	(Last) Twin 4 4. DATE (Month)	(Day) (Year)
(Type or Print) Mary Catherine F	HOVETHALE DEATH MAICH	24, 1951
Female White Widowed, Single	Mar. 24, 1951 9. AGE last hirthday If under Months	Days Hours Mis.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) 12 Maryland 12	COUNTRY? U.S.
13. FATHER'S NAME William P. Hovermale	Mary C. Jacobs	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of none	17. INFORMANT AND ADDRESS	0
		r Spring 2
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
i. Diseases or conditions directly leading to diath	TT	ONSET AND DEATE
Immediate cause (a)	ary	
776× Antecedent cause(s)	burly (ap)	3 has 41
Diseases or conditions, if any, (b) giving rise to the above cause	540	1000 - 41
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from hick w	1951 to LCL 24, 155 (, that I last si	aw the deceased
alive on helly 1957, and that death occurred at	7:37 m., from the causes and on the date sta	ated ahove
SIGNATIONE (Degree or title)	ADDRESS	PATE SIGNED
Millhersten his H	agnotown Med 3	127/51.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER BUTIAL Mar. 28,1951	RYJOR CREMATORY LOCATION (City, town, or count Clearspring,	y) (State)
DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Muc. 28, (73) Konsyl town		
	Adrian H. Rowland Clear S	pring



sorrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03045

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
county Washington MARYLAND	STATE Maryland COUNTYW	shington
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown (in this place)	or Clay (If outside corporate limits, write RURAL and give no Clear Spring Rural	earest town) Rt. 2
HOSPITAL OR INSTITUTION OR Washington Co. Hospital	STREET (If rural, give location) ADDRESS Indian Springs	
3. NAME OF (First) (Middle) DECEASED (Type or Print) William P. Ho		Oay) (Year) 25, 195
	Mat. 24, 1951 Vrs. Months Da	ar III under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOVER WOLKER OF MONE		ITIZEN OF WHAT
13. FATHER'S NAME William P. Hovermale	Mary C. Jacobs	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of none	William P. Hovermale Clear	Spring2
18. MEDICAL CE	_	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO BEATH Immediate cause (a)		STERVAL BETWEEN NEET AND DEATH
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	(020)	Lrs. 9 min
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		O. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Mouth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from hereby called the deceased from hereby	195', to hel 25, 195', that I last saw 20 am, from the causes and on the date stated	d above.
Signature (Degree or title)	extour by 3/	27/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMENTS BURIAL (Specify) Mar. 28,195	Clearspring, Md.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 28.195/ Short Toward	Adrian H. Rowland Clear Sp.	ring, Md.
213241203991		

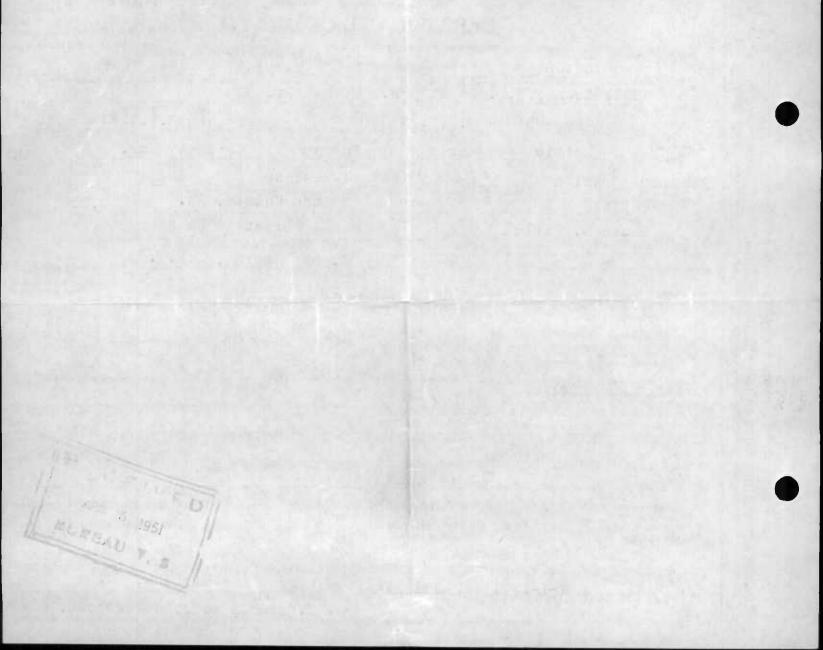


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03046

I. PLACE OF DEAT	shington	MARWANA	2. USUAL RESIDENCE (I		county
	orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY in this place)		ate limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	D.	vn R.F.D.#3	STREET Hager	(If rural, give it	74
3. NAME OF DECEASED (Type or Print)	(First) Lottie	_(Middle) Магіе	(Last) Ingram	OF DEATH ME	onth) (Day) (Year) ar. 31 195
Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)(12 T 1 0 0	8. DATE OF BIRTH 1-29-1886	65 yrs.	If under 1 year If under 24 hrs Months Days Hours Min.
HOUSEWI	ATION (Give kind of work vorking life, even if retired)	10b. Kind of Business or Industry	Fulton Count	y, Pa.	12. CITIZEN OF WHAT
13. FATHER'S NAM			Christi	ne Houch	
	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)			address am, R.F.D.	# 3
Immediate Antecede Disease or glying rise to stating the	e cause (a) the cause (b) conditions, if any, obtained riving cause last inderlying cause last (c) ICANT CONDITIONS	Mysecardi Mysecardi Leclele	se Seart	Lisque	INTERVAL BETWEEN ONSET AND DEATE Once
Conditions contrib	uting to the death but not use or condition causing deat	h. FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	rown) ((Yes No COUNTY) (STATE)
SUICIDE HOMICIDE TIME (Month) OF INJURY	OF INJU (Day) (Year) (Hour) m.	office bidg., etc.) JRY INJURY OCCURRED While at Not While Work	HOW DID INJURY OC	CUR?	
	lify that I attended the	e deceased from 1935		, 195/, that	I last saw the deceased
alive on SIGNATURE	Le Mon	(Degree or title)	ADDRESS CO	non	date stated above. DATE STONED
23. BURIAL, CREM REMOVAL (Spe BUrial	ration Date there elly) A-4-195	Rose Hill,	Cemetery !	Hagerstown	, Md.
DATE REC'D BY	1951 RECISTRARS	SIGNATURE SHOWERS	C. M. Suter	& Sons, Ha	gerstown, Md.



age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (H		
COUNTY Washington MARYLAND	STATE Mary	COUNT	Frederick
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporat	te limits, write RURAL and gi	ve nearest town)
OR give nearest town) Haperstown (in this place)	TOWN MICH	Laletown	
HOSPITAL OR	STREET	(If rural, give location)	7
STREET ADDRESS Washing ton & Hospitall	ADDRESS		/
30 24 10 10 4 0 1	(74)	4. DATE (Month)	
DECEASED	(Last)	OF AC 1	(Day) (Year)
(Type or Print) (2101016 Elizabeth Re	1161,	DEATH March	29, 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,		9. AGE last birthday If under Months	Days Hours Min.
temale White (Specify) Morried	6-12-18911	3 7 yrs. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY?
Housewife	Marylan	-d _	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME · \	
Elmer Harshman	Laura !	Sweeth	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown) (If yes, give war or dates of service)	Harry Keller	Middletow	wifet.
18. MEDICAL CEI			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES ON COMPITIONS DIRECTED BEAUTY TO BEAUTY	1	((Λ
Immediate cause (a) Mesenteric Throc	n Dosise yang	frene of lecum	2 days
570 D	0.		
S / Antecedent cause(s) Diseases or conditions, If any, (b) Hypertensive CAR	Nin-VASCIVIAR	Disease	15 4RS +
Diseases or conditions, if any, (b) 11 15/10			
stating the underlying cause last			/
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not			
related to the disease or condition causing death.			
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	300		20. AUTOPSY1
MAR. 28, 511 gangrene of	ecum		Yes 🗆 No 🕱
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, off office bldg., etc.) INJURY	(CITY OR T	OWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCC	UR?	
OF INJURY m. While at Not While Work At work			
	0/		
22. I hereby certify that I attended the deceased from MAR ?	1951 to MAR.	29 19. I., that I last s	saw the deceased
shye on mar 29, 1957, and that death occurred at	ADDRESS .	causes and on the date st	tated above.
SIGNATURE Degree or title)	ADDRESS	0	DATE SIGNED
follower M. D. p	togerstow	n md	3/30/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY L	OCATION (City, town, or coun	(State)
Burial		Plyersville,	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
Mas 30, 1951 Grast Bower	16 ladbillo	. Middletown	will d.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03048

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0.71
CITY (If outside corporate limits, write RURAL and LEMGTH OF STAY	Maryland Was	Minglan
TOWN give nearest town agerstown of this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Hayks Lawn	e nearest town)
HOSPITAL OR INSTITUTION OR /20 Blooms alley	STREET ADDRESS / 60 Blanno	lleis-
3. NAME OF DECEASED (First) (Middle) (Type or Print) FRANCES	ENNEDY 4. DATE (Month) OF DEATH	(Day) (Year) 22 1951
6. SEX 6 COLOR OR RACE 7. SINGLE, MARRIED, WIDOWCED, DIVORCED, (Specify) U. Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 9/15/1863 7 yrs. Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ADUSTRY The Tamey		CITIZEN OF WHAT
13. FATHER'S NAME MOSEO Snineley	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) service) (If yes, give war or dates of None)	17. INFORMANT AND ADDRESS 240 %. Ja	wathow St.
18. MEDICAL CE		- acceptant too.,
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 20	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Orthodelle luc	Heinstreen	
H200 Antecedent cause(s) Olseases or conditions, If any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby coftify that I attended the deceased from Musele	1, 1951, to lunch 27,1957, that I last so	w the deceased
alive on Musel 1, 19, and that death occurred at	ADDRESS , from the causes and on the date sta	ted above.
luce Milleur /hd	Hagestone Wel	123/07
23. PUBLIC, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county)	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	ADDRESS 14
	T COOL	121
	1000	26



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

(13(14!) Reg. Dist. No. **3*0** 6

1. PLACE OF DEATH COUNTY	Mad linter	MADWE AND	2. USUAL RESIDENCE (H	4	UNTY
CITY (II outside o	arnorate limita firita RIIB	MARYLAND		ate limits, write RURAL as	ad aires assess to an
OR give nearest	town Han Switch	AL and LENGTH OF STAY (in this place)	II OR A-	. 0 /	ual
HOSPITAL OR INSTITUTION OF STREET ADDRES	Es As Hospital	c. or Stret address	STREET ADDRESS	(If rural give location Rural.	n)
3. NAME OF DECEASED (Type or Print)	(First)	Blaine	Kline	4. DATE (Month OF DEATH 3	(Day) (Year) 29 195/
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	2-w. 189698		under 1 year If under 24 hrs. onths Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work vorking life, even if retired)		11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
Charles. V	Heffner	_	14. MOTHER'S MAIDEN	B arkdoll.	
	VER IN U.S. ARMED FORCES (If year, give war or dates service)		17. INFORMANT	. Kline -	
- Programm on Go	AND INTO NO DIDECTOR V	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CC	ONDITIONS DIRECTLY				ONSET AND DEATH
Immedia	te cause (a)	Cerebral	homoerhag	e	6 hs
2 1 V Anteceder	nt cause(s)				
- 1/1		ble handen	sion cereb	and andor in solo	
3 giving rise t	conditions, if any, (b) o the above cause underlying cause last	Typerrea	may, www.	ral arterio selo	10341
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing deat	th.		***************************************	
		FINDINGS OF OPERATION			20. AUTOPSY?
hone					Yes 🗆 No 🔀
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	rown) (Coul	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	ify that I attended th	e deceased from Mar 29	, 19.57, to murch	25, 1957, that I la	ast saw the deceased
alive on Ma	125, 1957, an	d that death occurred at	ADDRESS from the	causes and on the dat	e stated above.
Walter &	Wolfinger	- M. D. 122 So	Broad St., U	ennesboro 6	2-30-51
23. BURIAL, CREM- REMOVAL (Spec	attion DATE	5-1 NAME OF CEMETE	19.	OCATION (City, town, or Fask Loo . M.	county) (State)
DATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE TERANSON	24. FUNERAL DIRECTO	R Soven Sui	though mad
		1			***

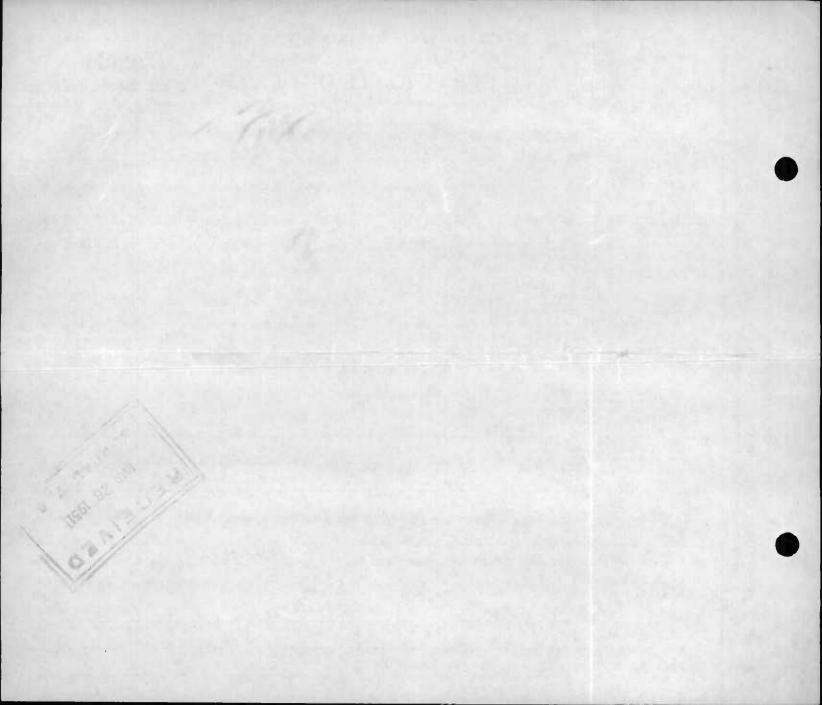


Eviden	
of 4	sh
LM No.	G
1. PLACE	
CITY OR TOWN	giv
HOSPI INSTI STRE 3. NAMI DECE (Type	TAI TU'
3. NAME DECE	e of
5. SEX	or t
10a. USU done du 13. FAT	JAL ring
13. FAT	HER
15. WAS (Yes, no,	DEC or u
I DICE	SES

for addition

MARYLAND STATE DEPARTMENT OF HEALTH

of 4 shown on:	2411 N. Charles	Street, Baltimore	0303	5()
MMO. G 1 1 1 APR 2	1951 CERTIFICAT	E OF DEATH		345
1. PLACE OF DEATH-	MARYLAND MARYLAND	2. USUAL RESIDENCE (MON STATE	ON DECEASED.	Fredreck
CITY (If outside corporate limits, write OR give nearest town) TOWN	RURAL and LENGTH OF STAY (in this place)	CITY (If outside cornite li OR TOWN	mir, write RURAL, and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET	musing Hame	STREET ADDRESS	(If rural, give location)	18 19571
3. NAME OF DECEASED (Type or Print)	a (Middle)	Canh 4.	DATE (Month) OF DEATH March	(Day) (Year)
5. SHX 6. COLON OR RA	WIDOWED, DIVERCED,	S. DATE OF BIRTH 19. A	GE last birthday If under Months	I year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of done during most of working file, even if re	tyork 10b. Kind of Business or thed Industry	11. BIRTHPLACE (State or for	eign country) 12	COUNTRY! OF WHAT
13. FATHER'S NAME	t know	14. MOTHER'S MAIDEN NA	ME	
(Yes, no, or unknown) (If yes, give war or service)	forces? 16. Social Security No.	no Rosco S. Lan	to Lan	t ma
I. DISEASES OR CONDITIONS DIREC			3	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(a) Porportensus (b) R.M. hemples	fordispassula sia	Muna.	4 you 7 aug. 1949.
11. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu related to the disease or condition causing	t not			
19a. DATE OF OPERATION 19b. MA	JOR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOW)	N) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (HOF INJURY	our) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY OCCUR	?	
22. I hereby certify that I attend		, 1949, to Mar. 18		
alive on Mar. 10,, 195 SIGNATURE	, and that death occurred at	ADDRESS MAN, from the cau		ated above. DATE SIGNED 3-20-59
23. BURIAL CREMATION DATE OF REMOVAL (Specify)	,2/ 1951 W. B.C	emeters It	TION (City, town, or count	ma
DATE REC'D BY LOCAL REGIST	CAR'S SIGNATURE	24 FUNERAL DIRECTOR	1 10	ADDRESS



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03051

CERTIFICATE OF DEATH

Evidence for addition

in 18 shown on:

MMO. 6 132APR 0 1301		
1. PLACE OF DEATH. Washing his GO	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Laners Jour MARYLAND	Washrushu	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
TOWN Hagero laur 40 uso	TOWN Maacro week	
HOSPITAL OR INSTITUTION OR CITIO	ADDRESS ~ (- 0	110
STREET ADDRESS 513 Keywords ave	(Cost) 5/5 Roynolds (Month)	(Davi)
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) (100000 & 01100000000000000000000000000	DEATH ' Z S. DATE OF BIRTH 9. AGE last birthday If under 1	193/ t year (If under 24 hrs
WIDOWED, DIVORCED, (Specify) Widowed	3 - 21-1853 98-yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Tilles low ra.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	11 ()
Jerme, Favorence	Madage leve, Tillel	and .
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or uhknown) (If yes, glye war, or dates of	17. INFORMANT AND ADDRESS	Hago med
(Belvice)	PRINCETION 1904 M. M. L. GOUS DIS 190	yurasave.
18. MEDICAL CE	SELIFICATION , /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
Immediate cause (a) Marocarde	al failure	Saveral
422 Immediate cause (a) Mayocarde	10/1/57 ala)	days.
Diseases or conditions, if any, (b)	arditis (4/4/51 akc)	A
73 giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		1 20 ATTROPOSTA
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	Yes No P
SUICIDE Office bldg., etc.)	(00011)	(OIII EI)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY While at Not While Work At work	Land to the state of the state	
INVOX	10.51 . 3 - 3 - 11	- 43
22. I hereby certify that I attended the deceased from 3. 2.6		
alive on 3-26 , 1977) and that death occurred at	10:00 A. m., from the causes and on the date sta	ited above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
tabell M. D.	Hagerstonn, Maryland, Ma	4.27,451
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETA	ERY OR CREMATORY LOCATION (City, town, or count,	ty) (State)
REMOVAL (Specify)	10 //\	(190000)



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Weshington Hagerston MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	. md
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN A GUNDOWN	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS / F. Lee Sh	STREET (If rural, give location)	
S. NAME OF DECEASED (First) Otter beam Z	(Last) 4. DATE (Month) OF DEATH March	(Day) (Year) 28 195/
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED (Specify)	8. Dete of Birth 9. AGE last birthday If under Months.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of vorting life, even if retired) 10b. Kind of Business or Industry	martingurg W.Va.	COUNTRY? USA.
Joseph H Long	Margaret Carroline St	lank
S. Was Dickased Ever In U.S. Armed Forces? 16. Social Security No. Yes, no, or unknown) (If year, give war or dates of 214-09-8472) service)	17. INFORMANT AND ADDRESS Long	
I. DISEASES OR CONDITIONS DIRECTLY LEADING, TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Trongula	tea enquired permea	7 dop
Diseases or conditions, if any, (b)	I am duran refused	
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)	- le disease	1400
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ene Contraction	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No Y
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	195/, to March 28,195/, that I last so	
alive on 1971, and that death occurred at	ADDYESS from the causes and on the date sta	ated above.
// N. Jaymon, h.P.	Toger oun, ho	mark 29
Burial (Specify) 3/30/51 Kosedale (emetery LOCATION (City, town, or count	W.Va
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PROJECT S9. 1981 PROJECT SIGNATURE	24. FUNEKAL DIRECTOR Kogelschatz & Coffman Mai	tinsburg,

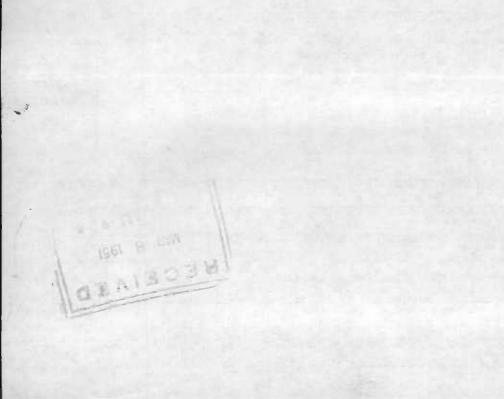


2411 N. Charles Street, Baltimore

03053

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	WASHINGTON
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR given on TOWN (in 10) plants.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 268 S. POTOMAC ST.	STREET (If rural, give location) ADDRESS 268 POTOMAC 5	
(Type or Print)	UGHERY 4. DATE (Month) OF DEATH MARCH	(Day) (Year) 1
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WHITE WIDOWED, DOWNERGED, (Specify)	1 FED. D. LON4 / yrs.	Days Hours Min.
done during posted posking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (State or foreign country) 12 MARYLAND 12	COUNTRY? U. S.
13. FATHER'S NAME WILLIAM NICARRY	14. MOTHER'S MAIDEN NAME EMMA SMITH	ACED STOWN
15. Was Decrased Ever In U.S. Armed Forces? (Yes, not brunknown) (If year, give war or dates of service)	MISS PAULINE LOUGHERY	AGERSTOWN MD.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	itno	Near
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20 MR MR MR - 020140 TARAS 5400 SSARAS (1110 TARAS 1110
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{T} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from which 4.	, 19,51, to March 5, 19,51, that I last so	w the deceased
alive on 19.1., and that death occurred at	ADDRESS ADDRESS RY OR CREMATORY LIGCATION (City, them, or count LIGHT TANABLE DIRECTOR	DATE SIGNED (State) (State)
Mars. 6. 1957 Shoot Brevery	W.J. Morment Hagest	ADDRESS MIL



2411 N. Charles Street, Baltimore

03054

CERTIFICATE OF DEATH

/					
I. PLACE OF DEATH-	Washington	MARYLAND	2. USUAL RESIDENCE (H	ome) of decease	COUNTY Wash.
CITY (If outside corp OR give nearest to TOWN	orate limits, write RURA	L and LENGTH OF STAY	CITY (If outside corpora		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Wash. Coun	ty Hospital	STREET ADDRESS 127 E.	(If rural, give look Baltimor	
3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) E. Lu	(Last) Shbaugh	4. DATE (Mo Ma)	nth) (Day) (Year) 11 19 3
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10 OWCQ	Nov. 21.1881	69 yrs.	If under I year If under 24 hrs. Montha Days Hours Min.
House Wil	ION (Give kind of work king life, even if retired)	10b. Kind of Business or Industry Own Home	Near Willi	amsport Md	12. CITIZEN OF WHAT COUNTRY?
	re Pitsnogl		Anna E. Go	ssard	
(Yel po. or unknown) (R IN U.S. ARMED FORCES' If yes, give war or dates of rvice)	2 16. SOCIAL SECURITY NO. 217-12-2613	Mrs. Drexel L		Hag. Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CON	DITIONS DIRECTLY	LEADING TO DEATH	1		ONSET AND DEATH
Immediate	опо (а)	aureala.	Vilerella Ación	150	Coccurano
Antecedent Diseases or cor	cause(s)	Aupenta	nocolion	6 × b	ora 14 ye ati
65)0 stating the und	he above cause erlying cause last (c)	Acher en	in controvo	sculos des	iam 14 yr coolin
related to the disease	ng to the death but not or condition causing deatl		hissia.	12.5	11 year certain
19a. DATE OF OPERA	TION 196. MAJOR F	INDINGS OF OPERATION			M. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (Co	OUNTY) (STATE)
	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify	that I attended the	deceased from Od:	, 1950, to Man	// 195/ , that	I last saw the deceased
alive on Ma	11, 151, and	d that death occurred at	8:30 Amfrom the	causes and on the	date stated above. DATE SIGNED
/////	1. Jayman!	mor.	40 ger April	n, m	mard 12, 1951
23. BUBAL, CREMAT RESIDVAL Specify DUITE 1) Mar. 14.	1951 Rose Hill	Cemetery	ocation (city, town Hagers town	
PATE REC'D BY LO	1 // -	Howers,	24. FUNERAL DIRECTOR Scott F. Min	nich & Son	Hag. Md.



2411 N. Charles Street, Baltimore

03055

CERTIFICATE OF DEATH

32

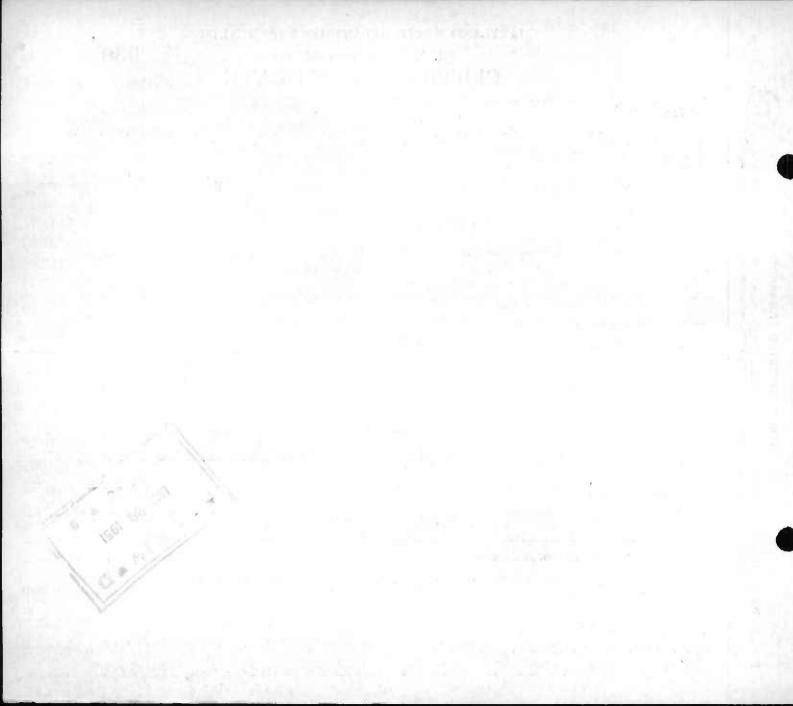
		/
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	. 11
COUNTY Washington MARYLAND	STATE Maryland COUNTY	Washington
OR give nearest town) / (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN Suggestion of hours	TOWN Magrillown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS / / Shington County Hospita	STREET (If rural, give location)	51.
3. NAME OF (First) (Middle)		
DECEASED (Type or Print)	Kishbangh Jr. S. DATE (Month) OF DEATH March	(Day) (Year) 24 195
5-SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	The / o P and on . Months /	1 year If under 24 hrs. Days Hours Min.
(Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	JI PIDTIDI ACE (SAAA - C - C - C - C - C - C - C - C - C	122/16
done during most of working life, even if retired) INDUSTRY	Magustown, Ind	COUNTRY? U.S.
13. FATHER'S NAME	14 M9THER'S MAIDEN NAME	1.4
Marrison de Australiga, Dr.	Thomasiae narieu Ame	dley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) (If year, give war or dates of service)	17. INFORMANT mother	0
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 18. MEDICAL CE	aturity (3 Plas)	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)		(/
Diseases or conditions, if any, (b)	<u> </u>	V
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	***************************************	3+ 0+ 00 00 0+ 0+ 0+ 0+ 0+ 0+ 0+ 0+ 0+ 0+
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF Not While at Not While INJURY m. Work Not While At work		
22. I hereby certify that I attended the deceased from 3/23/	5./19, to 3/24/5, 19, that I last sa	aw the deceased
alive on 3		
Francisco M. S.	ill: Bus ball	2 / /-1
23. BURIAL, CREMATION DATE NAME OF CEMETE SEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, on count	y (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	Hueren- 1 roll men	
202021161282	Notherstoon.	mar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

borrect age

N

VS. Alō



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	UJ	(10 m	11
Reg.	Dist.	No.	7

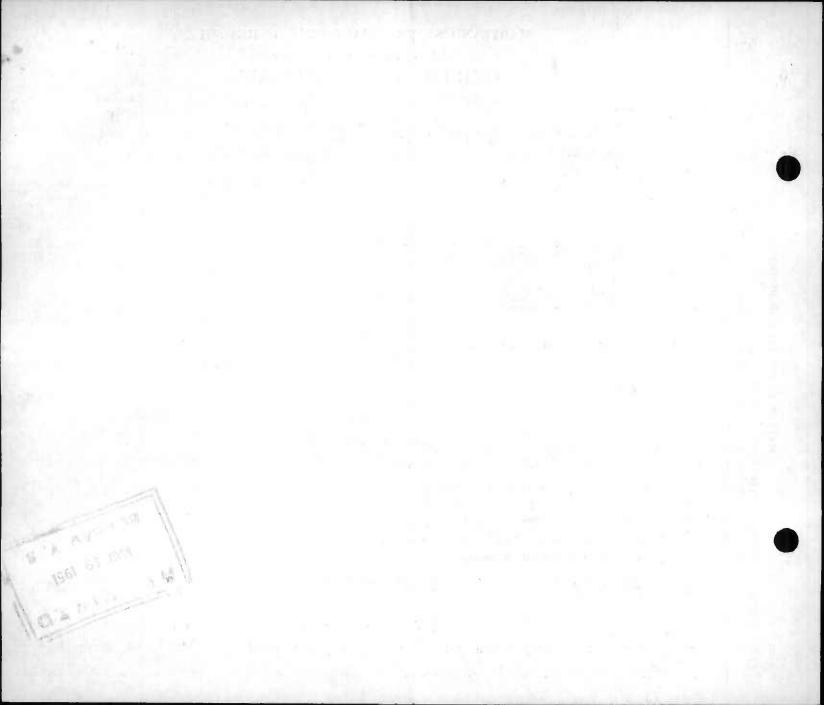
	Reg. Dist. 110.
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
VVASA, NGION MARYLAND	Maryland Mash.
CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Hancock Life	TOWN Hancock
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14, 21 Street	STREET (If rural, give location) ADDRESS H; ab Street
3. NAME OF (First) (Middle)	
DECEASED (Type or Print) Deschine	Acado Mald OF (Month) (Day) (Year) DEATH May 13 1951
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days Hours Min.
temale While (Specify) Midowed	13-8-65 06 yrs.
10a. USUAL OCCUPATION (Give kind of work don'd aring most of working life, even if retired) 10b. Kind of Business or Indianal Strategy (New York)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Rowland	UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17 INFORMANT
service)	Michard Replinger (Nephew)
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
331 Immediate cause (a) Cerebruf	alleded Justino
Antecedent cause(s)	1
(110000)	levor es kultures
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	none Heavy 20
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not whiting of Several Prelated to the disease or condition causing death.	muficance 7 ms.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
TO THE OWN THE WAY TO SEE SOME	, 192.8, to March 131957., that I last saw the deceased
22. I hereby certify that I attended the deceased from	
	3.30/1m., from the causes and on the date stated above.
SIGNATURE (Control of the state of title)	CADDRESS DATE SIGNED
It were my	N, Haucey, nell ofist.
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (Ctate)
RDMOVAL (Specty) / 3-17-51 St. 1hom	
DATE REGION LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
WILL TOUR	Charles K. Bast Handerk M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. Alō



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Welty 03057

CERTIFICATE OF DEATH

/							
1. PLACE OF DEAT			2. USUAL RESIDENCE STATE	E (HOME) OF DE	CEASED · COUNTY	7	
Washing CITY (If outside c	orporate limits, write RURA	MARYLAND AL and LENGTH OF STAY	STATE Washing	TON	RURAL and oly	o nearest town	1
OR give nearest	town)	(in this place)	TOWN Ha	gerstown		- aces cas work	
HOSPITAL OR INSTITUTION O	R		STREET ADDRESS 3.7	(If rural,	give iocation)		
STREET ADDRE	ss Hospital	·	11	7 High S	5.		
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)	James	Irwin	Marker	DEATH	Mar.	28	151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH		thday If under	Days Hours	r 24 hrs.
Male	White	(Specify) Married	Feb. 21,187	51 76	yrs.		
done during most of v	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St			COUNTRY?	WHAT
Retired ra	rmer, not a ti	INDUSTRY COLOR	Wolfsville	frederic	kCty.	U.S.A.	
	Marker VER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	Cynthia B	OWINGIL			
(Yes, no, or unknown)	(If yes, give war or dates o service)	f	Rosa M.				
no	(set vice)	18. MEDICAL CE	RTIFICATION 17 H	Joh St			
I DISEASES OF CO	ONDITIONS DIRECTLY		TI I	right of.		INTERVAL BE	TWEEN
I. DISEASES ON OC		-/ -	5.			ONSET AND	DEATH
Immediat	e cause (a)	Hodgelens &	Lacese	** ************************************	1	4 mon	the
20/X		0					
Diseases or	nt cause(s) conditions, if any, (b)		***************************************				
44 giving rise to	o the above cause inderlying cause last						
	(c)						
Conditions contribu	CANT CONDITIONS uting to the death but not						
	se or condition causing death	INDINGS OF OPERATION				20. AUTOP	SV?
						Yes 4	
21. ACCIDENT	(Specify) PLAC	E (Home, farm, factory, street,	(CITY C	OR TOWN)	(COUNTY)	(STATE	
SUICIDE HOMICIDE	OF INJU	office bldg., etc.)					
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY	OCCUR?			
OF INJURY	m.	While at Not While Work At work					
	10 41 -4 T 44 1-141-	deceased from 3 5	1017, 3-	28 1057	11 4 T 1 .	43	
alive on 3	28 , 195 , and	d that death occurred at. (Degree or title)	-: 55 /4 m., from	the causes and o	n the date sta	ated above.	
SIGNATURE		(Degree or title)	ADDRESS	7	1	DATE SIG	NED
Solon	m. Welt	m. D.	1 vages	Cours, 1.	nd	3-29	-5-1
23. BURIAL, CREM	ATION DATE THEREO	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (CI	y, town, or count	y) (St	ate)
REMOVAL (Spec	(Hy) 3/30/fc	157 Reat Have	n Caretary	Hagers	own. Mo		
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNAPURE	n Cemetery	CTOR		ADDRESS	
11th 30)	1951 6has	Mowers	Amdrew K.	Coffman.	Hagerst	own, Md	
					11-01	10.00	
					10010	25	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

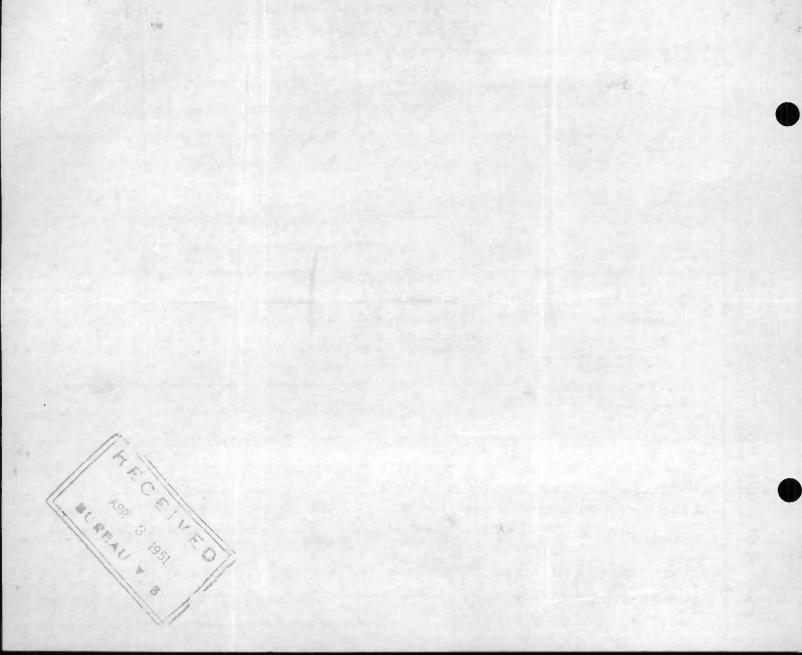
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03058

1. PLACE OF DEATH.	
COLINARY	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Unahwater MARYLAND	STATE Maruland Crachington
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR_
HOSPITAL OR 50 m.	TOWN Chounsielle
INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS () MUTUALITY May	Downsiell me.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	18. DATE OF BIRTH 19. AGE last birthday If under 1 year 11 under 24 hrs
WIDOWED, DIVPRCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Months Days Hours Min.
(Specify) Widged	179413 - 1810101-1-13 yrs. 1
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done daring most of warking life, even if retired) Impustry 7 and	Redusille Crash Co. md. 11. S. A.
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
11 0 0000	11.100
John Manayan	Wilhelmuna Denta
15. WAS DEGRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, og uknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service) Now.	Lemand Marshall Vormaille mg.
18. MEDICAL CE	
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
The state of the s	7 (9
Immediate cause (a)/1)	
Antecedent cause(s)	2 -
Diseases or conditions, if any, (b)	leures 5 Keri
giving rise to the above cause	***************************************
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
O: ACCIDENTE : (Section) DIACE (Home form fortune	Yes No O
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE HOMICIDE TIME (Montb) (Day) (Year) (Hour) OF INJURY OF While at Not While Work At work	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR?
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY Not While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 1921, to 1955, that I last saw the deceased
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY Not While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from	HOW DID INJURY OCCUR? 1921, to 1956, that I last saw the deceased
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from alive on May, 19.5., and that death occurred at	HOW DID INJURY OCCUR? 1921, to 1956, that I last saw the deceased
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not Work At work 22. I hereby certify that I attended the deceased from alive on May, 19.5., and that death occurred at	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1951, to 7124. 25 19.50 that I last saw the deceased 2. A.m., from the causes and on the date stated above.
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on Mac. 19.5., and that death occurred at SIGNATURE OF office bldg., etc.) While at Not While Work At work I 22. I hereby certify that I attended the deceased from Obegree of title)	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 1951, to 7124. 25 19.50 that I last saw the deceased 2. A.m., from the causes and on the date stated above.
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Work 22. I hereby certify that I attended the deceased from alive on Mac., 19.5., and that death occurred at SIGNATURE	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5.4. that I last saw the deceased 2. A. m., from the causes and on the date stated above. ADDRESS DATE SIGNED 2. A. D.
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Work 22. I hereby certify that I attended the deceased from alive on Mac., 19.5., and that death occurred at SIGNATURE	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on Mac., 2.7, 19.5, and that death occurred at A SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) MONTH 21.1951	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5. that I last saw the deceased 2. A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (City, town, or county) (State)
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Work 22. I hereby certify that I attended the deceased from alive on Mac., 19.5., and that death occurred at SIGNATURE	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on Mac., 2.7, 19.5, and that death occurred at A SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) MONTH 21.1951	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5. that I last saw the deceased 2. A.m., from the causes and on the date stated above. ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (City, town, or county) (State)
SUICIDE OF office bldg., etc.) TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY 22. I hereby certify that I attended the deceased from alive on Mac., 2.7, 19.5, and that death occurred at A SIGNATURE 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) MONTH 21.1951	HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? 19.5.4. that I last saw the deceased 2. A. m., from the causes and on the date stated above. ADDRESS DATE SIGNED OUT OF CREMATORY LOCATION (City, town, or county) (State) 19.5.4. A. m. from the causes and on the date stated above. ADDRESS ADDRESS ADDRESS ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03059

CERTIFICATE OF DEATH

			U. A. VICTORIA DE CONTROL DE CONT	
1. PLACE OF DEAT	H.		2. USUAL RESIDENCE (HOME) OF DECEASED	r.
was	hington	MARYLAND	STATE yland Washingto	n
	corporate limits, write RI		CITY (If outside corporate limits, write RURAL and give	
OR give rees st	t-towp)	(in this place)		re nearest town;
TOWN Hage	rstown	one month	Town Williamsport	
HOSPITAL OR			STREET (If rural give location)	
INSTITUTION O	R Weshingto	n County hospita		
STREET ADDRE	ss "asiitiig co	il country -ospica	ADDRESS 121 "est Potomac Str	eet
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED	A:		OF	
(Type or Print)	Norman	Rollin	Cardell DEATH March	9, 151
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year (If under 24 hrs.
Male	18 la = 4 a	WIDOWED, DIVORCED,	Montha	Days Hours Min.
	White	(Specify)Married	Uan 31 1898 1 53 ym 11	81
10a. USUAL OCCUP	ATION (Give kind of wo	rk 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of	working life, even If retired	d) A INDUSTRIAL SESSON	Williamsport, Maryland	COUNTRYTUSA
		aus		0.031
13. FATHER'S NAM	5		14. MOTHER'S MAIDEN NAME	
Lugene M	cCardell /		Effie King	
	VER IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO.	1.17 INFORMANT AND ADDRESS	
(Yes-no, or unknown)	I (If ves. give war or dat	on of	17. INFORMANT AND ADDRESS	
Yes		Er 219-20-1290	Mrs. Edna McCardell; William	sport, Md.
	771	18. MEDICAL CE		
	" 1	18. MEDICAL CE	BETIFICATION	Tarana Tarana
I. DISEASES OR CO	ONDITIONS DIRECTL	Y LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
21 2 22 22 22 22 22 22 22 22 22 22 22 22			100	Chast and Daate
		(0)	I ancessa	6 3000
150 Immediat	e caușe (a)-	- Gunden	,	0 11005
//			4	
	nt cause(s)			
Diseases or	conditions, if any, (b)			
11/	conditions, it any, (b)	• MB #0 +q+ bu+++++++++++++++++++++++++++++++++		
11/ giving rise t	o the above cause	- Mar		
11/ giving rise t	o the above cause inderlying cause last			- PW 68 88 81 n n q 000 000 optimishaldin quiph day beginny
giving rise t stating the t	o the above cause anderlying cause last (c)			
giving rise t stating the t	to the above cause inderlying cause last (c)			
giving rise to stating the stating the to stating the total stating the total stating the total stating the total stating the stating t	o the above cause and inderlying cause last (c) ICANT CONDITIONS uting to the death but no	ŧ		
giving rise to stating the to stating the to stating the to the disease related to the disease.	or the above cause and inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d	t eath.		
giving rise to stating the to stating the to stating the to the disease related to the disease.	or the above cause and inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d	ŧ		20. AUTOPSY?
11. OTHER SIGNIFICONDITIONS CONDITIONS CONTINUE TELEGRAPH OF OPE	o the above cause and enderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d RATION 19b. MAJOI	t eath.		
11. OTHER SIGNIFI Conditions contrib related to the dises 19a. DATE OF OPE	o the above cause and relating cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (RATION 19b. MAJO)	t eath. R FINDINGS OF OPERATION		Yes No Z
giving rise t stating the transfer of the stating the transfer of the stating	o the above cause and relating cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (RATION 19b. MAJO)	t eath. R FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY)	
glving rise t stating the to stating the to stating the to stating the to stating the stat	o the above cause and relating cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (RATION 19b. MAJO)	t eath. R FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY)	Yes No Z
giving rise t stating the to stating the to stating the to stating the to stating the stat	o the above cause and relating cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (RATION 19b. MAJO) (Specify) P (Specify) P (IRATION 110 P (IRATION 11	teath. R FINDINGS OF OPERATION (a.) LACE (Home, farm, factory, street, office bldg., etc.)		Yes No Z
giving rise t stating the to stating the to stating the to stating the to stating the total stating the total stating the total stating the total stating the stat	o the above cause and relating cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (RATION 19b. MAJO)	t leath. R FINDINGS OF OPERATION (a) LACE (Home, farm, factory, street, office bldg., etc.) NJURY I INJURY OCCURRED	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No Z
glving rise t stating the to stating the to stating the to stating the to stating the stat	o the above cause and relating cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (RATION 19b. MAJO) (Specify) P (Specify) P (IRATION 110 P (IRATION 11	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) VJURY NJURY OCCURRED While at Not While		Yes No Z
giving rise t stating the to stating the to stating the to stating the to stating the total stating the total stating the total stating the total stating the stat	o the above cause inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (RATION 19b. MAJOR (Specify) P OR IN (Day) (Year) (Hour,	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) NURY NURY NURY NURY NOT While at Not While		Yes No Z
giving rise t stating the to stating the to stating the to stating the to stating the total stating the stating th	o the above cause and erlying cause last (c) ICANT CONDITIONS uting to the death but no asse or condition causing d ICANTON 19b. MAJOI (Specify) P (Specify) P (Day) (Year) (Hour)	teath. R FINDINGS OF OPERATION (a_) LACE (Home, farm, factory, street, office bldg., etc.) NJURY INJURY OCCURRED While at Not While At work	HOW DID INJURY OCCUR?	Yes No (STATE)
giving rise t stating the to stating the to stating the to stating the to stating the total stating the stating th	o the above cause and erlying cause last (c) ICANT CONDITIONS uting to the death but no asse or condition causing d ICANTON 19b. MAJOI (Specify) P (Specify) P (Day) (Year) (Hour)	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) NURY NURY NURY NURY NOT While at Not While	HOW DID INJURY OCCUR? 19.50, to Man. 9., 195. 1, that I last a	Yes No (STATE)
glving rise to stating the statin	o the above cause inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (Specify) (Specify) (Day) (Year) (Hour, m	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) NJURY NIJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR? , 19 50, to Man9, 195, that I last s	Yes No (STATE) aw the deceased
giving rise to stating the stating t	o the above cause inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (Specify) (Specify) (Day) (Year) (Hour, m	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) NJURY While at Not While Work At work the deceased from and that death occurred at	How DID INJURY OCCUR? 19.50, to Man	Yes No (STATE) aw the deceased ated above.
glving rise to stating the statin	o the above cause inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (Specify) (Specify) (Day) (Year) (Hour, m	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) NJURY NIJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR? , 19 50, to Man9, 195, that I last s	Yes No (STATE) aw the deceased
giving rise to stating the stating t	o the above cause inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (Specify) (Specify) (Day) (Year) (Hour, m	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) NJURY While at Not While Work At work the deceased from and that death occurred at	How DID INJURY OCCUR? 1950, to Man. 9., 1951, that I last so the date standards. ADDRESS	Yes No (STATE) aw the deceased ated above. DATE SIGNED
giving rise to stating the stating t	o the above cause inderlying cause last (c) ICANT CONDITIONS uting to the death but no use or condition causing d (Specify) (Specify) (Day) (Year) (Hour, m	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) NJURY While at Not While Work At work the deceased from and that death occurred at	How DID INJURY OCCUR? 19.50, to Man	Yes No (STATE) aw the deceased ated above.
giving rise to stating the total stating the total stating the total stating the total stating the	co the above cause inderlying cause last (c) (CANT CONDITIONS uting to the death but no lase or condition causing directly (Specify) (Specify) (Day) (Year) (Hour) mify that I attended (CANT CONDITIONS (Specify) (Specify) (Specify) (Specify) (Specify) (Day) (Year) (Hour) (Specify) (S	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) JURY NOTICE While at Not While Work At work the deceased from and that death occurred at (Degree or title)	HOW DID INJURY OCCUR? 19.50, to Man. 9, 195, that I last so ADDRESS ADDRESS Declie	Wes No (STATE) aw the deceased ated above. DATE SIGNED Mac., 10, 57
giving rise to stating the total stating the total stating the total stating the total stating the	co the above cause inderlying cause last (c) (CANT CONDITIONS uting to the death but no lase or condition causing direction [P] (Specify) Pi (Day) (Year) (Hour) m ify that I attended [P] (Day) (Year) (Hour)	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) VJURY Not While at Not While Work At work the deceased from the deceased from (Degree or title)	HOW DID INJURY OCCUR? 19.50, to Man	Wes No (STATE) aw the deceased ated above. DATE SIGNED
giving rise to stating the stating t	co the above cause inderlying cause last (c) (CANT CONDITIONS uting to the death but no lase or condition causing direction [P] (Specify) Pi (Day) (Year) (Hour) m ify that I attended [P] (Day) (Year) (Hour)	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) VJURY Not While at Not While Work At work the deceased from the deceased from (Degree or title)	HOW DID INJURY OCCUR? 19.50, to Man. 9., 195., that I last so ADDRESS ADDRESS RY OR CREMATORY LOCATION (City, town, or count of the	aw the deceased ated above. DATE SIGNED Type (State)
giving rise to stating the statin	co the above cause inderlying cause last (c) (c) (CANT CONDITIONS using to the death but no lase or condition causing direction in the causing direction in the cause of the condition causing direction in the cause of the condition causing direction in the cause of the condition in the cause of the ca	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) VJURY Not While at Not While Work At work the deceased from the deceased from (Degree or title)	HOW DID INJURY OCCUR? 19.50, to Man. 9., 19.51, that I last so ADDRESS ADDRESS RY OR CREMATORY (LOCATION (City, town, or count of Cemetery Smithsburg, Man 124, FUNERAL DIRECTOR	aw the deceased ated above. DATE SIGNED TWO (State) Cyland ADDRESS
giving rise to stating the stating the to stating the statin	co the above cause inderlying cause last (c) (c) (CANT CONDITIONS using to the death but no lase or condition causing direction in the causing direction in the cause of the condition causing direction in the cause of the condition causing direction in the cause of the condition in the cause of the ca	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) JURY Not While at Not While Work At work the deceased from and that death occurred at (Degree or title) REOF NAME OF CEMETE Smithsbur	HOW DID INJURY OCCUR? 19.50, to Man. 9., 19.51, that I last so ADDRESS ADDRESS RY OR CREMATORY (LOCATION (City, town, or count of Cemetery Smithsburg, Man 124, FUNERAL DIRECTOR	aw the deceased ated above. DATE SIGNED TWO (State) Cyland ADDRESS
giving rise to stating the statin	co the above cause inderlying cause last (c) (c) (CANT CONDITIONS using to the death but no lase or condition causing direction in the causing direction in the cause of the condition causing direction in the cause of the condition causing direction in the cause of the condition in the cause of the ca	teath. R FINDINGS OF OPERATION LACE (Home, farm, factory, street, office bldg., etc.) JURY Not While at Not While Work At work the deceased from and that death occurred at (Degree or title) REOF NAME OF CEMETE Smithsbur	HOW DID INJURY OCCUR? 19.50, to Man. 9., 195., that I last so ADDRESS ADDRESS RY OR CREMATORY LOCATION (City, town, or count of the	aw the deceased ated above. DATE SIGNED TWO (State) Cyland ADDRESS

BUECELVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

()3(16!) Reg. Dist. No. 303

/		
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Washington MARYLAND	Maryland Count	Washington
OR give nearest town Hagers town (in this place)	CITY (If outside corporate limits, write RURAL and give OR Hagerstown	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Washington Co. Hospital	ADDRESS 821 W. Franklin Str	eet
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Virga Hoch	fiddlekauff DEATH March	8. 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1	year If under 24 hrs.
Female White Specify) Married. (Specify) Married.	Dec. 11, 10/0 /2 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, evon if retired) INDUSTRY		CITIZEN OF WHAT
Housewife own home	Maryland	COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Harry K. Hoch	Katherine Fisher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) { (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
no service) none	Albert H. Middle Rauff	
IS. MEDICAL CER	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
9 4.	T. 1. 0040 1 . T.	ONSET AND DEATH
Immediate cause (a) Yourey This amou	elating of left ley due arterio	10 day
400,1	1 0/	
Antecedent cause(s)	1 les	
Diseases or conditions, if any, (b) www. giving rise to the above cause		
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	my .	Inek
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
28 Feb 5 artenó-schenlie gangrens		Yes No X
21. ACCIDENT (Specify) PLACE (Home, 1s/m, factory, street, SUICIDE OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
22. I hereby certify that I attended the deceased from 15 945	105/ 8Mar 105/1111	
22. I hereby certify that I attended the deceased from	, 19, to, 19, that I last sa	w the deceased
alive on 7. Mor, 19,2, and that death occurred at	30/4 m., from the causes and on the date sta	ted above.
SIGNATURE (Degree on title)	ADDRESS	DATE SIGNED
I I susky 230th Fromme		8 M 51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	(State)
Burial Mar. 11. 1951 Rose Hil	1 Cemetery Hagerstown, Ma	rvland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 8.1951 Chastosowers	FreD W. Kraiss Hagerstown,	351
770000000000000000000000000000000000000	FICE W. MISISS HAGARATANA	N/A



2411 N. Charles Street, Baltimore

Dr Hauver

CERTIFICATE OF DEATH

Reg. Dist. No. 302.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Washington MARYLAND	STATE Pennsylvania Franklin		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)		
OR give nearest town (in this place) TOWN HAGE IS TOWN 6 Days	Town Pen Mar		
HOSPITAL OR	STREET (If rural, give location)		
INSTITUTION OR STREET ADDRESS Wash. County Hospital	ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)		
OECEASED (Type or Print) BURGESS ALLEN MIL	LER DEATH March 12 19 51		
5 SEX 6 COLOR OR RACE 7 SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.		
Male White WIDOWED MATTIED	8/22/1896 54 yrs. Months Days Hours Min.		
10a USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
done during most of working life, even if retired) INDUSTRY Painter Self Employed	Pen Mar. Pa. Country		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Howard Miller	May Shorb		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		
(Yes, no, or unknown) (If yes, give war or dates of service)	Anna Mauds Miller Pen Mar Pa.		
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause (a) UDSTRuction Co.	amon Bile Duct 6 wks		
157	10 10-1		
Antecedent cause(s) Diseases or conditions, if any. (b) CARCINOMA	of PANCREAS (PRIMARY) 3 mot		
giving rise to the above cause	Surgicall		
stating the underlying cause last	+ Luna . Kt. (PRIMARY) Removed		
II. OTHER SIGNIFICANT CONDITIONS	The state of the s		
Conditions contributing to the death but not related to the disease or condition causing death.			
	PRODUCE CA. PANCKE QUE 120. AUTOPSY?		
215 51 Exploration - MASS			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not While INJURY m. Work At work			
22. I hereby certify that I attended the deceased from	, 195/, to 3/12, 195/, that I last saw the deceased		
	7.m., from the causes and on the date stated above.		
	ADDRESS . DATE SIGNED		
SIGNATURE (Degree or title)	The state of the s		
Achard Malloer Mis.	Hogers Town /1/0 3/13/5/		
	RY OR CREMATORY LOCATION (City, town, or county) (State)		
REMOVAL (Specify) 3/15/51 Mt. View	Cemetery Emmitsburg, Md.		
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
REC/12:195/ 6/10/11/20wery	Walter Y. Grove Waynesboro, Pa.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

AR IS some

MAR 15 19511

CERTIFICATE OF DEATH

Reg. Dist. No. 302

,			neg.	Dist. No
1. PLACE OF DEATH- COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (I	- Avia	ED. HYMYYon
CITY (If outside corporate limits, write RURAL and OR TOWN TOWN	the this place)		te limita, write RIIR	AL and give nearest town)
HOSPITAL OR INSTITUTION OR Wash. Co. Hosp	ital	STREET ADDRESS 142 B	(If rural, give l	ocation)
(Type or Print)	Middle) Alvin	Miller	OF MA	(Onth) (Day) (Year) 1951
6. COLOR OR RACE 7. SING WIDO (Spec	LE, MARRIED, WED DIVORCED.	8. DATE OF BIRTH 11-16-1900	(50) JOU ym.	If under 1 year If under 24 hr. Months Bays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)	nd of Business or Ryemployed	Mercersburg,	Pa.	Country QP WHAT
Moses G. Miller		14. MOTHER'S MAIDEN	evilbiss	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. So (Yes, no, or unknown) (If yes, give war or dates of 214	CIAL SECURITY No. -09-2680	Mrs. Howar	ADDRESS Mille	er, Hagerstown
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING	G TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
R 10		. 0 /	2.0	2 1/2
Immediate cause (a)Cae	no-carce	noma of	None .	d'Lyle
153× Antecedent cause(s)		0		
Diseases or conditions, if any, (b)		10 A		
46 estating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY1
				Yes P No 🗆
21, ACCIDENT (Specify) PLACE (Home SUICIDE OF office bl	e, farm, factory, street, dg., etc.)	(CITY OR T	OWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OF While at INJURY m.	OCCURRED Not While At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the decease		, 1949, to Marc	4., 19.5%, that	I last saw the deceased
alive on 3- 2 , 19.51, and that d				date stated above.
Dollar M. Wilt	M. S.	Hours to	in his	DATE SIGNED
23. BURIAL CREMATION DATE THEREOF / 3-5-1951	NAME OF CEMETE Fairview C	RY OR CREMATORY I	ocation (City, tow Mercersbur	n, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE RECORD BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S REGISTRA	URE WELS!	C.M. Suter &	R	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

1

VS. A15



2411 N. Charles Street, Baltimere

03063

CERTIFICATE OF DEATH

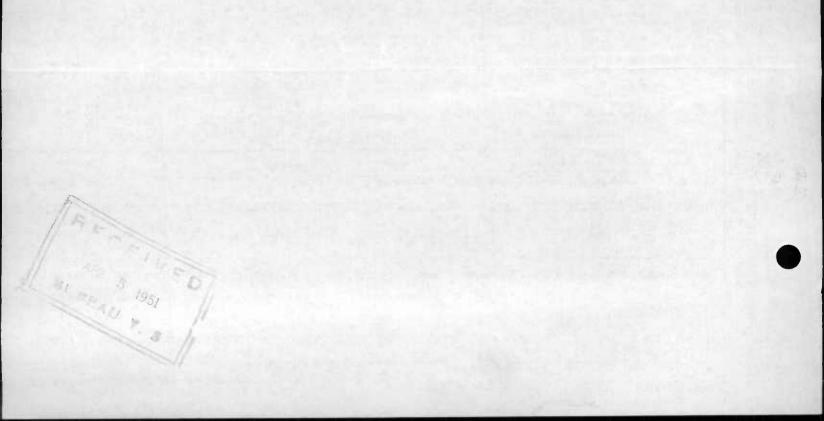
of Diet No. 302

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Washington MARYLAND	STATE Maryland COUNTY	Washington
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR rown give nearest town) Hagerstown in the tlame	TOWN Magerstown	
HOSPITAL OR INSTITUTION OR	ADDRESS 021 Guilford Avenue	
STREET ADDRESS 921 Guilford Avenue	ADDRESS 921 Guilford Avenue	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Maurice E.	Miller DEATH March	31, 195
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify in Tried)	June 28, 1878 9. AGE last birthday II under Months	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) City light pla	ht Maryland	COUNTRY? U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Jerimiah Miller	Annie Reynolds	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of no nor unknown) (If yes, give war or dates of no nor unknown)	Florence M. Miller Hagers	town, Md.
18. MEDICAL CE	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carelio -	1/ 1.1	117
Immediate cause (a)	Janes (Janes	Gen
422 / Antecedent cause(s)		
Diseases or conditions, if any, (b)		
936 stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No f
21. ACCIDENT (Specily) SUICIDE (PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	7/	
22. I hereby certify that I attended the deceased from	4, 19, to 31, 19, that I last se	aw the deceased
- 1 ,	M. m., from the causes and on the date sta	
alive on, 19, and that death occurred at	ADDRESS	DATE SIGNED
An The Setter X	question my 3.	31/57
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) April 3.1951 Rest Ha	ven Cemetery Hagerstown, M	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGiptil 3, 1951 Chas & Bowles	Fred W. Kraiss Hagersto	own, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A164



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

FOR MEDICAL EXAMINERS Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Washington Md. COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY TOWN give nearest town) rstown 6 (In this place) Hagerstown TOWN HOSPITAL OR INSTITUTION OR Washington Co. Hospital STREET (If rural, give location) ADDRESS 70 W. Franklin St. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED John Russell Mvers March 151 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)SINGLE 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last hirthday | If under I year | If under 24 hrs. Months | Days | Hours | Min. white male 1 - 26 - 189710a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Navv Old Forge. Wash. Co.. Mid . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Myers Amanda Remlev 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of Charles Myers. Jr. RFD 5 Hagerstown ves 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) ... giving rise to the above cause 108 stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes - No 🗆 PLACE (Home, farm, factory, street, 21. EXTERNAL CAUSE WAS (CITY OR TOWN) (COUNTY) (STATE) PRIMARY | OR CONTRIBUTING | CAUSE OF DEATH. office bldg., etc.) INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy 🔄, Inspection 🔲, Inquiry 🗀 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes **A**, accident **\Bar**, suicide **\Bar**, homicide **\Bar**, undetermined **\Bar**. SIGNATURE (Degree or title) DATE SIGNED 23. BURIAL, CREMATION DATE ZHEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Leitersburg Cemetery Leitershurg REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL Scott F. Minnich & Son. Hagerstown

PLEASE WRITE PLAINLY, WITH UNFADING I

correct

he

of information carefully death clearly and legibly.

Supply every item write the causes of

INK. please

673916



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03065

Reg. Dist. No....

/					
1. PLACE OF DEAT	espington	MARYLAND	2. USUAL RESIDENCE STATE Marylo	(HOME) OF DECEAS	COUNTY Bollemore
OR give nearest	orporate Tmits, write RUR.	AL and LENGTH OF STAY (In this place)	CITY (If outside corpo OR TOWN Bolls		AL and give nearest town)
HOSPITAL OR INSTITUTION O	R D L 1 2 Ha	sa tal	STREET ADDRESS 202	Attal A	ocation)
STREET ADDRE	P (First)	Middle)	(Last)	OF see	onth) (Day) (Year)
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH		If under I year If under 24 hrs. Months Days Hours Min.
done during most of	ATION (Give kind of work working life, even If retired)	(Specify) Services OR INDUSTRY	M. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	TE UI Nerol		Joanna	Thomas	/
15. Was Dickased (Yes, no, or unknown)	(If yes, give warpor dates (service)	of Lenk.		Reevel	
		18. MEDICAL CE	RTIFICATION		
1. DISEASES OR C	ONDITIONS DIRECTLY	Cerebrol He	murkes.		INTERVAL BETWEEN ONSET AND DEATH
H 4 Z Immediat				0 8	
Diseases or giving rise t	onf cause(s) conditions, if any, to the above cause underlying cause last	Hypertensine	Carolio-10	sarlow Nes	rose Many ges.
Conditions contrib	ICANT CONDITIONS uting to the death hut not see or condition causing deat	ch gen avterio-	Elevoier.		
19a. DATE OF OPE	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
		e deceased from ang. 1.			
alive on	led. 35, 1951, at	nd that death occurred at	7: 25 a.m., from th	e causes and on the	e date stated above. DATE SIGNED
Dan	rul Lar, m		11-1-00,0	LOCATION (City, tov	vn. or county) (State)
23. BURIAL, CREA REMOVAL (Spe	elly) 3-27-	-51 Londo		132/60	N/A ADDRESS
DATE REC'D BY	LOCAL REGISTRAR'S	which supp	John O. Mitch	ell & Sons, lac,	1990 Eutow 11.
			///	1) I MILLIE	1/ //////////

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. WARGIN RESERVED FOR BINDING

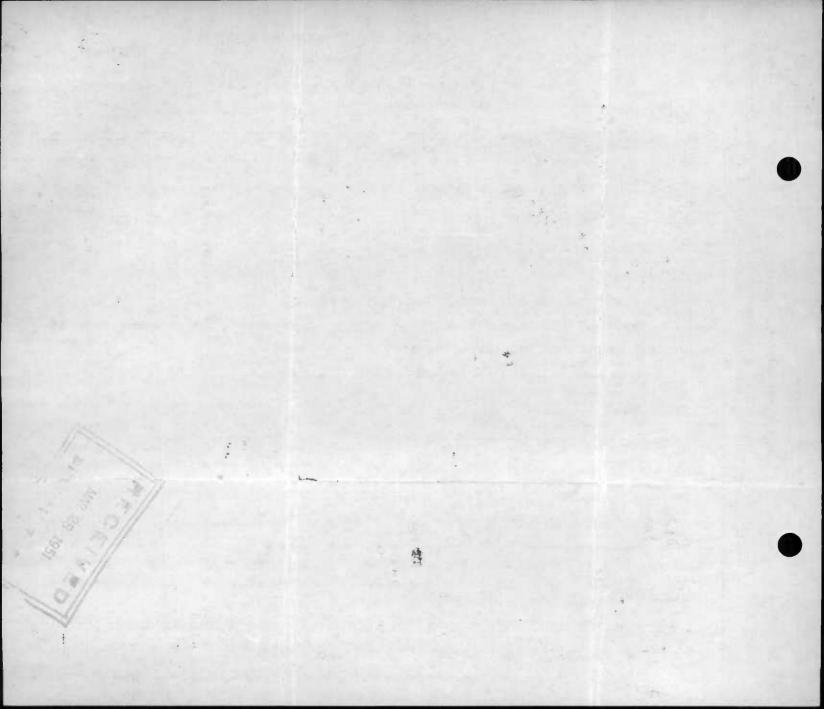
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03066. Reg. Dist. No. 306

CITY (If outside corporate limits, write RURAL and OR give nearest town) OR GOVERNOR OR CALE MARYLAND CITY (If outside corporate limits, write RURAL and OR GOVERNOR OR TOWN Blue Redge See	COUNTY
OR give nearest town) (in this place) OR 20 20	RAI, and give nearest town)
TOWN CARCASO TOWN BL. Redge See	
HOSPITAL OR STREET (/If rural, give	
INSTITUTION OR Relichie Hozalel ADDRESS	
	Month) (Day) (Year)
Type or Print) 3 lize Lettr - Breen DEATH	3 26 1951
5. SEX 6. COLORGE RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, Comp. 16, 1877 8. DATE OF BIRTH 9. AGE last birthda (Specify)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or II. GRTHPLACE (State or foreign country) Maryland Maryland	I2. CITIZEN OF WHAT
13. FATHER'S NAME	
genthert Butke unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service)	
18. MEDICAL CERTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Certerios eleros 15, general, sever	e welsnows
450.0 Antecedent cause(s)	
Diseases or conditions, if any, (b)	***************************************
59a giving rise to the above cause stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phenomena tores arthur tes	Unkuron
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Ulukuaru 20. AUTOPSY1
Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., ctc.)	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., ctc.) 19a. DATE OF OPERATION (CITY OR TOWN)	Yes No
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not While Not While Not Work At work	Yes No COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Aug. 22., 1950., to Man. 24, 1951., the	Yes No No (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Not While Not While Not Work At work	Yes No No (COUNTY) (STATE)
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work Work At work 22. I hereby certify that I attended the deceased from any 22, 1950, to Man. 24., 1951, the alive on Man. 24., 1951, and that death occurred at 7:08 Am., from the causes and on the strength of the strength of the causes and on the strength of the strength of the causes and on the strength of the strength of the causes and on the strength of the strength of the causes and on the strength of the strength of the causes and on the strength of the strength of the causes and on the strength of the strength of the causes and on the strength of the strength	Yes No No COUNTY) (STATE) at I last saw the deceased he date stated above.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of Not While at Not While of Not Work At work 100 Mar. 24	Yes No No COUNTY) (STATE) at I last saw the deceased he date stated above.
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY While at Not Work At work At work At work At work At work At work ADDRESS 22. I hereby certify that I attended the deceased from 22 , 1950, to Max. 24 , 1951, the alive on Max. 24 , 1951, and that death occurred at 7	Yes No No COUNTY) (STATE) at I last saw the deceased he date stated above. DATE SIGNED 3/26/57
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While Mork At work 22. I hereby certify that I attended the deceased from At work 12. Instruction 19.	Yes No No COUNTY) (STATE) at I last saw the deceased he date stated above. DATE SIGNED 3/26/57
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY While at Not Work At work At work At work At work At work At work ADDRESS 22. I hereby certify that I attended the deceased from 22 , 1950, to Max. 24 , 1951, the alive on Max. 24 , 1951, and that death occurred at 7	Yes No No COUNTY) (STATE) at I last saw the deceased he date stated above. DATE SIGNED 3/26/57



age

correct

The

ion carefully.

WRITE PLAINLY is especially

PLEASE

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CIEICATE OF DEATH

03067

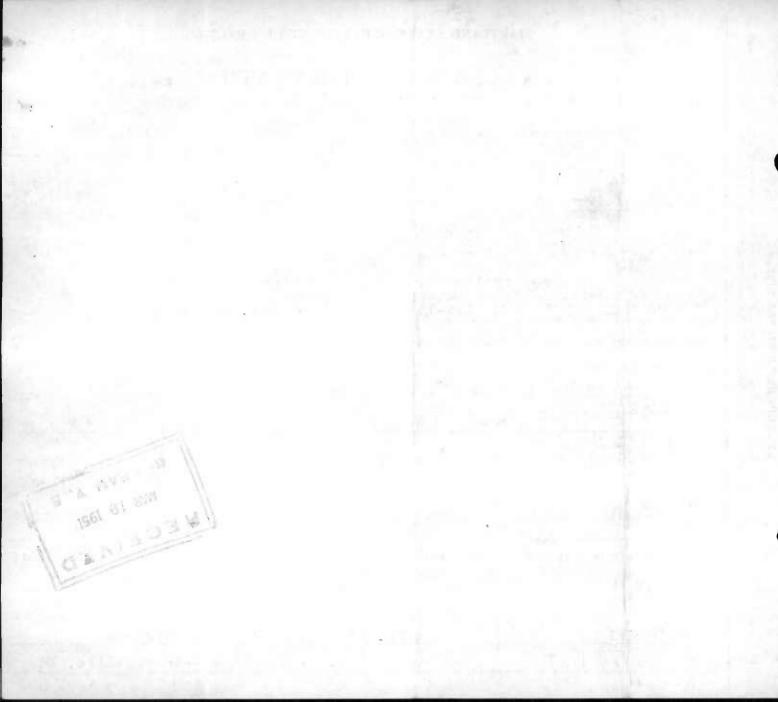
CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Washington Wash. Maryland MARYLAND CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in4thing pless) OR TOWN give nearest town) Hagerstown OR TOWN Rural -- Dargan HOSPITAL OR INSTITUTION OR Wash. County Hospital STREET (If rural give location) ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Pay) (Year) DECEASED Otzelberger Eugene Bernard (Type or Print) 195] DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SELIGIOWEO) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Months Days Hours Min. Feb.12,1882 White Male 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR COUNTRY? U.S INDUSTRY Self Antietam-Wash. -Md 14. MOTHER'S MAIDEN NAME Catherine Gifft 13. FATHER'S NAME George Utzelberger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, originatnown) (If yes, give war or dates of 214-14-6288 Mrs. Eileen Parker 18. MEDICAL CERTIFICATION INTERVAL BUTWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO ONSETAAND DEATH Immediate cause 33 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No 🗆 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from 3/1/ 14, 19.5 that I last saw the deceased and that death occurred at ... 7:50 Pm., from the causes and on the date stated above. alive on3 SIGNATURE (Degree or title) ADDRESS NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION DATE THEREOF LOCATION (City, town, or county) (State) 51 Sharpsburg--Md View

24. FUNERAL DIRECTOR

100105

I. Earnshaw -- Keedysville,

ADDRESS



2411 N. Charles Street, Baltimore

Dr Kneisley

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY
Washington
CITY (If outside corporate limits, write RURAL and STATE Washington MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) TOWN Hagers town Hagerstown TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS 935 Concord St. Concord St. 3. NAME OF (First) (Middle) (Last) (Day) (Year) DECEASED POTTS (Type or Print) DEATH Mar 9 1951 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SpeMa) TIEQ 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. Male white

10a. USUAL OCCUPATION (Give kind of work) July 10b. KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired Impustry Macountes Williamsport Wash. Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Potts
15. Was Decrased Ever In U.S. Armed Forces? Alice Worley 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of 214-09-1842 Harry K. Potts Sharpsburg Md No service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No | 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Whlle at Not While INJURY Work At work 1949, to 3-9, 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from 3 - 11 SIGNATURE DATE SIGNED 148 a. was. It 23. BURIAL, CREMATION I DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Rest Haven Hagerstown Cemeterv DATE REC'D BY LOCAL Andrew K. Coffman Hagerstown Md

of information carefully death clearly and legibly. every item e causes of d Supply ev INK. UNFADING t. Physicians: PLAINLY, WITH is especially important WRITE

VS. AIS

PLEASE

55411



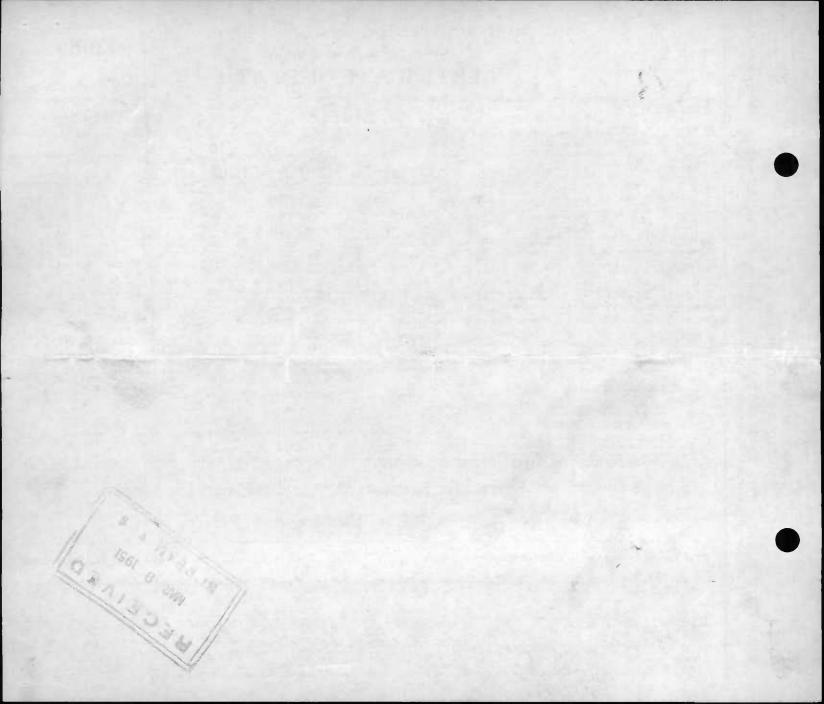
VS. A15 PLEASE 2411 N. Charles Street, Baltimore

03069

CERTIFICATE OF DEATH

Reg. Dist. No. 30

/					
1. PLACE OF DEATH-			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
WASHINGTON MARYLAND			MARYLAND WASHINGTON		
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR give nearest town) TOWN HAGERSTOWN			CITY (If outside corpor.	ate limits, write RURAL a	nd give nearest town)
	GERSTOWN	(in this place)	TOWN HAGER		
HOSPITAL OR INSTITUTION O	R WA MITTATOMON	CO HOJDIMAI	ADDRESS - CO II	(If rural, give location	on)
STREET ADDRE	ss WASHINGTON	CO. HOSPITAL	1 127 H	IGH STREET	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month	
(Type or Print)	MAMIE		FENSBERGER	DEATH MEST CI	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) TOWED	8. DATE OF BIRTH	- Mo	under 1 year If under 24 hrs onths. Days Hours Min.
FEMALE	WHITE		6/30/1889	61 yrs.	
done during most of	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEW 13. FATHER'S NAM	[H, H]	1 HOME	VIRGINIA	A7.4.3.6.13	U.S.A.
			14. MOTHER'S MAIDEN	and the second second	
STOV	FR COOPER VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	HARRIET W	ILLINGHAM	
(Yes, no, or unknown)	(If year, give war or dates (service)	219-01-8600	17. INFORMANT AND		THE MOLD WITH
110	service)	1219-01-0000	MR. LEON C	HAMILTON, AS	BURY PARK, NJ
		18. MEDICAL CE	RTIFICATION	,	INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	0		ONSET AND DEATH
Y 10	(4)	Syoncho gen	ico (arca	nonce)	Comes
Immediat	e cause (a)	The state of the s		* \$\psi \psi \psi \psi \psi \psi \psi \psi	
Antecedent cause(s)					
Diseases or	conditions, if any, (b)	V			
4/C giving rise t	to the above cause underlying cause last				***************************************
	(c)				
Conditions contrib	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
		h. FINDINGS OF OPERATION			
198. DATE OF OFE	RATION 130. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	· CORN OR M	OWW (COL	Yes No No
SUICIDE	OF	office bldg., etc.)	(CITY OR T	COUN (COUN	NTY) (STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CHP	
OF		While at Not While	HOW DID INJURI OC	DOM	
INJURY	m.	Work At work	1		
22. I hereby certify that I attended the deceased from 91.50, 19 to 3,5 that I last saw the deceased					
alive on					
SIGNATURE DATE SIGNED					
Atter	Morning 11	No	ger 26ow	U Ima	3/1/01
23. BURIAL, CREM REMOVAL (Spec	ATION DATE	NAME OF CEMETE	RY OR CREMATORY LL	OCATION (City, town, or	coupty) (State)
Buri	act INO!	/ Treen He	V. Cemeler	Clarke to	unty va
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R / // .	ADDRESS
1/202, S,	Tol Break	Mower	W. V. Norfre	ul Hager	stown Mil.
					7/2/0



V.S.

correct age

The

MARYLAND STATE DEPARTMENT OF HEALTH

Dr. Ditto 03070

302

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

/	reg. Diet. I	0
I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	-
Washington MARYLAND	Maryland Washin	rton
ULIY (If outside corporate limits write RUPAY and LI FNOTH OF CTAY	CITY (If outside corporate limits, write RURAL and g	Ive nearest town)
Town give Rural Hagers town (in this place)	Town Rural Hagerstown	
HOSPITAL OR INSTITUTION OR D# 3 M+ E+ D	STREET (If rural, give iocation)	
STREET ADDRESS INT I M.C. E CAR ROAD	ADDRESS R#1 Mt. Etna Road	
3. NAME OF (First) (Middle)	(Lest) 4. DATE/ (Month)	(Day) (Year)
(Type or Print) DAVID HERBERT	REVELL DEATH March	31.195119
Male 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWEDS PHORES. (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hr
	1 3/23/41 1 1U yrs. 1	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of the done-during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
In grade school None	Hagerstown, Wash. Md.	UAA
	14. MOTHER'S MAIDEN NAME	
Carlton C. Revell	Irene P. Johnson	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of None	17. INFORMANT AND ADDRESS	
No service) None	Carlton C. Revell Hagersto	own, Md.
18. MEDICAL CE	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
12-14	-1-1	1
12/ Immediate cause (a)	- Ly my	- C
Antecedent cause(s)		
Diseases or conditions, if any, (b)	00 0 Ar 10 AA 100 0 7 0 0 7 0 0 7 0 0 7 0 0 0 7 0 0 0 7 0	
1952 giving rise to the above cause stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		1
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No
21. EXTERNAL CAUSE WAS PLACE (Home, farm, lactory, street, PRIMARY FOR CONTRIBUTING OF office bldg., etc.)	(CITY OR TOWN) (COUNTY	
CAUSE OF DEATH. Property INJURY	Hoguston Wishington	my
TIME (Month) (Day) (Volr) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	11
INJURY 3 - 31-51 3/m. While at work at work	accidently trong self while	playing
22 I cortifue that I took shares of the remains described about held a		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above and death in	from the evidence
from: natural causes , accident , suicide , homicide ,	undetermined .	opinion resumea
SIGNATURE (Pegree or title)	ADDRESS	DATE SIGNED
1. El Sells 9 any	Foreston by	15
23. BURIAL, CREMATION DATA THEREOF NAME OF CEMETE	PY OR CREMATORY LOCATION (City, town, or cour	, , ,
		ity) (State)
Burial 4/3/51 Rose Bill DATE BEC'D BY LOCAL REGISTRAR'S SIGNATURE	Cemetery Hagerstown,	Md.
Recol	24. FUNERAL DIRECTOR	ADDRESS
[112.3.1951 Chart Bowers	I SHOT AW K. Caffee TT	
	Andrew K. Coffman Hager	town Md.



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

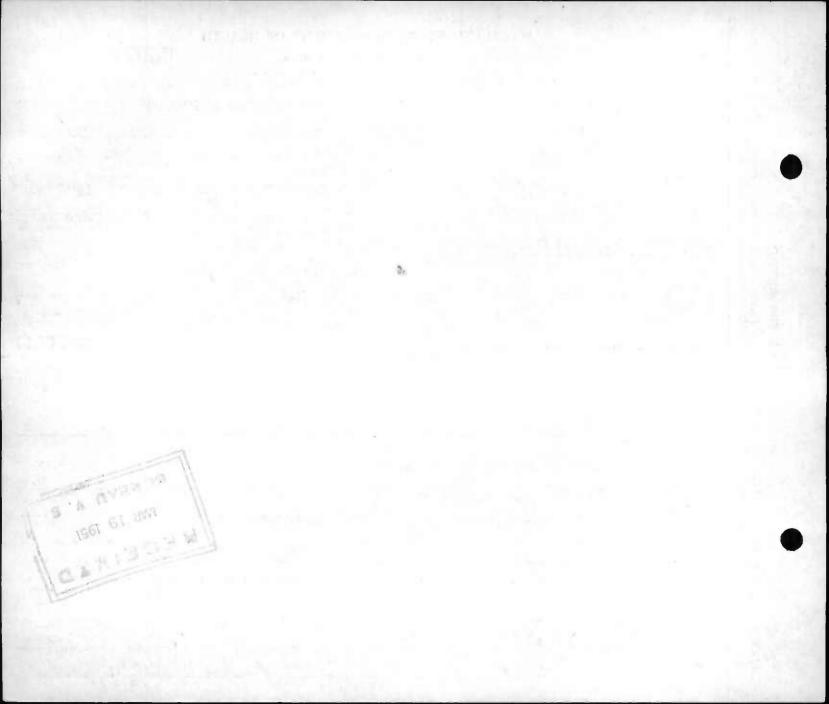
2411 N. Charles Street, Baltimore

03071

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH. Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	West t
CITY (If outside corporate limits, write RURAL and OR give nearest town) Againstown (in this place)	CITY (If outside coporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hage stown Hospital	STREET (If rural, rive) cation)	. 2,
3. NAME OF DECEASED (Type or Print) Miss Bertha Way	Riderous 4. DATE (Month) OF DEATH March	(Day) (Year)
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) Single	1/1200.21.18 17 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dono during most of working life, even if retired) Industry States	Kinggold Ms.	CITIZEN OF WHAT
13. FATHER'S NAME Welliam F. Ridonover	14. MOTHER'S MAIDEN NAME Elizabeth Stevenson 17. INFORMANT	ی
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ii yes, give war or dates of service)	William Newcomer Smiths	wy, march
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2 CA 1. 0 1	ONSET AND DEATH
Immediate cause (a) Callenoune	of the aladar.	Pariod of years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
LOVERNOR CO. II. N. L. DE AGE (H for a factor of the control	COUNTY OF BORDY	Yes No B
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from few. 21	1951 to Habrich 16, 1951, that I last sa	w the deceased
alive on March 15, 19.51., and that death occurred at	ADDRESS	ted above. DATE SIGNED
Suchen Wang MID.	Washington Cerenta Horfallal	3/16/5/
23. BURIAL, CREMATION / DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	Walter y Stove Warfn	ADDRESS Pa
	72083	6



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03072

/		
1. PLACE OF DEATH COUNTY WAShington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	more
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	OR TOWN Calendary Structure of the Control of the C	ve nearest town)
HOSPITAL OR INSTITUTION OR Retche State Hospital	STREET Stonewall girl beation and ADDRESS Stonewall ark	V
3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	Sell 4. DATE (Month) OF DEATH March	(Day) (Year) 7 19.5
6. COLOR OF RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) Marked	S. DATE OF BIRTH 9. AGE last birtbday II under Months yrs.	Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kinn of Business or Industry (Industry)	Keene, The Hempshire	2. CITIZEN OF WHAT
13. FATHER'S NAME Within	14. MATHER'S MAIDEN NAME Umanda Carpente	r
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give was or dates of service) Uniform (Yes, no, or unknown)	mes Walte a Russell Cata	will med
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH HAVE CAUSE (a)	eve Carlovadoulae Dis	INTERVAL BETWEEN ONSET, AND DEATH
Antecedent cause (a)	Perelos & Thromboses	4410
93d Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	ateurschioses	4/10
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
Me 12 C	4, 19 51, to March 7, 19 51, that I last	
alive on Mann., 192/, and that death occurred at a signature. Signature Poblit Organ.	Ritchie State / topp, Carea 3	DATE SIGNED
Burnel (Specify) 3-10-51 Vaive	TRY OR CREMATORY LOCATION (City, town, or code	W. Va
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J.C. Hymothem Ellicott C	address ety md
· Lephonal Pep.	032	868

MAR TO 1951
BURBAU V. E

37

VS. A151

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03073

Reg. Dist. No. 30

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Maryland COUNTY Washingto
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown Hagerstown CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the place of the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits, write RURAL and LENGTH OF STAY (In this, place) is the corporate limits and length of the corporate li	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 220 Manila Avenue	STREET (If rural, give location) ADDRESS 220 Manila Avenue
3. NAME OF (First) (Middle) DECEASED (Type or Print) Edith Kathryn	Schuller 4. DATE (Month) (Day) (Year) 51
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Feb. 24, 1887 64 yrs. Months Days Hours Min.
102. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. Kind of Business or Industry Home	11. BIRTHPLACE (State or foreign country) Pennsylvania 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Lewis Stambaugh	14. MOTHER'S MAIDEN NAME Lucy Tipton
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Arbra A. Schuller Hagerstown, Md.
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420 Immediate cause (a) Co to Mary	15 Marie
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Tordeovascular Disasse. 10 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY!
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-15-	, 1944., to March 9, 195/., that I last saw the deceased
alive on Fat: 23,, 195/, and that death occurred at	2:300m., from the causes and on the date stated above. ADDRESS DATE SIGNED REAL 9, 1957
23. BURIAL, CREMATION VIATE THEREOF NAME OF CEMETER REMOVAL (Specify) BURIAN 12,1951 Rose Hill	(5000)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE PRODUCT 21951 CROSH KLOWERS	Fred W. Kraiss Hagerstown, Md.

1961 17 SAY

WRITE

ASE

PLE/

A15

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03074

Reg. Dist. No..... 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Adams Pennsylvania Washington MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR givo nearest town)
TOWN (in this place) Hagerstown Gettysburg TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Washington Co. Hospital R. D. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) DECEASED Semler OF Clara March (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year If under 24 hrs. WIDOWED SINGTED (Specify) SINGTED Months | Days | Hours | Min. Dec.20, 1910 White Fema le 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN QE WHAT done during most of working life, even if retired) COUNTRY? U.S. home Maryland 13. FATHER'S NAME Winifred Kegan Semler Edward 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of Gettysburg, Pa. Mrs. Ray Guise service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No P 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office hldg., etc.) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from tel 5, 1951, to Mar 13, 1951, that I last saw the deceased ther 12 19.56, and that death occurred at.... (Degree or title) DATE SIGNED Hagerstown, Md Men 24, 1951 23. BUHIAL, CREMATION DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) Cremation Mar. 27,1951 Charles Reading. Pennsylvania Evans Cemetery PAGE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(13(175) Reg. Dist. No. 3a 4

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	.) ./
COUNTY Washington MARYLAND	STATE Mary land COUNTY	VVash,
CITY (It outside corporate limit, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and glv	e nearest town)
TOWN HANCOCK HOSPITAL OR	TOWN TANCOCK	
INSTITUTION OR A .	STREET (If rural, give iocation)	4
STREET ADDRESS Cas Main ST.	ERSI MAIN ST	reel
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE iast birthday II under	1 year III under 24 hra.
WIDOWED DIVORGED,	0 1 71 70 Months.	Days Hours Min.
	11. BIRTHPLACE (State or foreign country) 12.	. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working king pentil retired INDUSTRY		COUNTRY D
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	VL 12.75.
Jacob Shives	Mary Ellen Sween	V
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT	-
service)	Robert Trancis Shi	ves Jy.
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Christin	c puncardition	
Immediate cause (a) (b)		
Antecedent cause(s)	I Was sitted of	
/3/ Diseases or conditions, if any, (b) Culture	1 / WICOCO	** ** ** ** ** vv.co**** ********************************
giving rise to the above cause stating the underlying cause last	renol disease	
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	Muchos	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, larm, factory, street, OF office bldg., etc.)	(CRY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Dy) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	1957 to 5/26 1957 that I last so	boseensh we
2/6 (- 1-1		
alive on, 19, and that death occurred at	ADDRESS and on the date sta	
SIGNATURE NAME OF A	T the seal the	DATE SIGNED
a many you and	I fin to so the	2/24/57
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
13 JYA 2 / 13 - 27 - 3 131, 12 1275	Cath Com, Hancock	IVId.
DATE REC'D/BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
DI-1101 A. N. MIMM	Charles 15, 13asi Han	cock Mo
	1.91	1.501
	6/0	200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

HTMES TO THE POPULATION



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Washington MARYLAND	Maryland Washington			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town) (in this place) TOWN Hagerstown	TOWN Rural Clear Spring, Md.			
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR STREET ADDRESS Washington Co. Hospital	ADDRESS Route 40 E. Clspg. Md.			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)			
DECEASED (Type or Print) Victor M. Spickler	OF Mar. 11, 1951 ₁₉			
5 SEY 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.			
Male White WIDOWED DIVORCED (Specify) Married	Mar. 17-1880 70 yrs. Months. Days Hours Min.			
100 USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT			
dene during most of vorking life, even if retired) Impustration Natl. Ba	nk Wash. Co., Md. GougrayA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
David H. Spickler	Ida M. Harn			
15 WAS DECEMBED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Md. R D			
(Yes, no, or unknown) (If year, give war or dates of	Mrs. Bessie E. Spickler-Clear Sprin			
Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) Pneumonitis, (prefying rise to the above cause	age into the gastrointestinal			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY?			
	Yes No [
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-3-51, 19 to 3-11-51 19 that I last saw the deceased alive on 3-11-51 alive on 3-11-51 that I last saw the deceased 11:30 A. SIGNATURE (Degree or title) ADDRESS DATE SIGNED (Degree or title) ADDRESS ADDRESS DATE SIGNED 3-12-51 24. BURIAL CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)				
Buriaf Species Mar. 14, 1951 St. Pau	l's Cemetery Near Clear Spring. Md.			
MGs. 13, 1951 Charters Signature	24. FUNERAL DIRECTOR ADDRESS ADDRESS			
	L Company of the comp			

ANT 15 1951

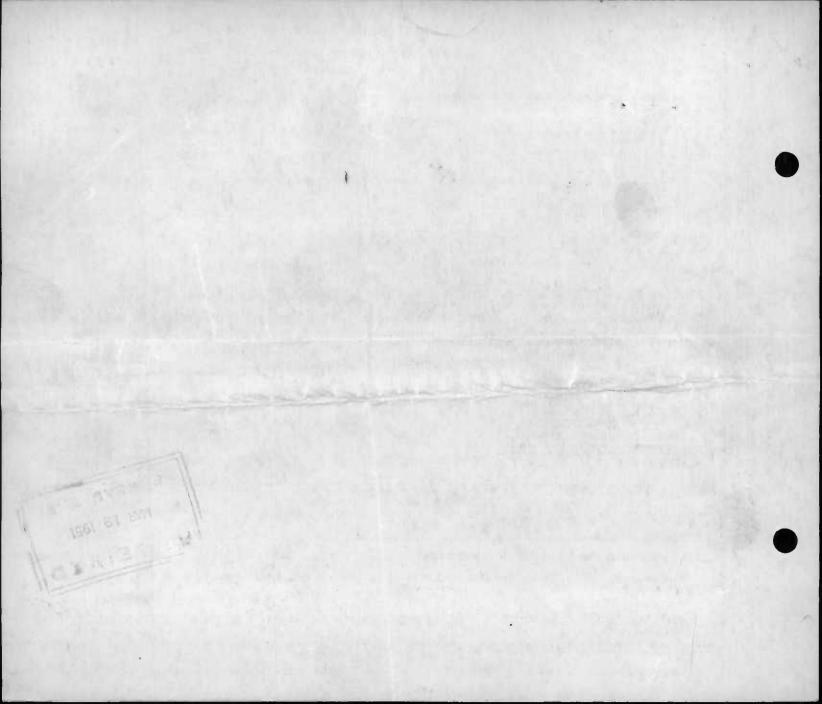
2411 N. Charles Street, Baltimore

03077

	GERTIFICAT	E OF DEA	Reg. Dis	st. No. 30 /
1. PLACE OF DEATH- COUNTY Washington	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECEASED.	OUNTY Wal.
CITY (If outside corporate limits, write RURA OR give hearest town)	L and LENGTH OF STAY	TOWN Reul	orate limits, write RURAL a	nd give nearest town)
HOSPITAL OR INSTITUTION OR Betwee Wesch	re Bernello	STREET ADDRESS Street K	(II rural, give locate	11
3. NAME OF DECEASED (First) Franklin (Crype or Print) Franklin (Crype or Print)	rlington Ta	wellon	4. DATE (Month OF DEATH Mack	
	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	7 85 - yrs. M	under 1 year If under 24 hr onths. Days Hours Mir
don during most of working life, symili retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	ia	12. CITIZEN OF WHAT
Men Sur Taulton		14. MOTHER'S MAIDE		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	Harold Taul		md.
I. DISEASES OR CONDITIONS DIRECTLY I	18. MEDICAL CE LEADING TO DEATH	failure		INTERVAL BETWEE ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ge I card	lac Scamper	zatin	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				I
related to the disease or condition causing death 19a. DATE OF OPERATION 19b. MAJOR F.				20. AUTOPSY?
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COU	NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby certify that I attended the	deceased from March	13, 1951, to May	1957, 1957, that I	ast saw the deceased
alive on Mark 5, 1957, and SIGNATURE	d that death occurred at	ADDRESS	ie causes and on the da	ate stated above. DATE SIGNED
23. BURIAL, CREMATION DATE BEMOVAL (Specify) 3 - 19	NAME OF CEMETE	ERY OR CREMATORY	LOCATION (City, town, or	r county) (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE Samenhar	24. FUNERAL DIRECT	Bn Bris	ADDRESS /
			690	506

The correct age 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 274

COUNTY Vashing Tota Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Frankli
CITY (If outside corporate limits, wite RURAL and OR give nearest town) OR give nearest town) OR give nearest town) OR give nearest town)	OR TOWN Mreeslung Pa	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pale way Comv. Home	STREET (If rural, gir) location)	V
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print)	(Lot) 4. DATE (Month) OF DEATH MON	(Day) (Year) 23 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED. (Specify) Many 100	1/4/ 880 0/ yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	near merceroluges.	COUNTRY?
13. FATHERS NAME Shales	Monter's Maiden Name	
15. Was DECRASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS	
18. MEDICAL CE	PETIFICATION	Income Personal
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coulow //	of Deser	Zhang
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		A 24 400 400 400 400 400 400 400 400 400
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-23	, 18/ , to 3 - 23 , 48/ , that I last s	aw the deceased
alive on 3/23/519 and that death occurred at SIGNATURE (Degree or title)	ADDRESS and on the date st	ated above. DATE SIGNED
A. El Sett (Goly)	Hogerts and	7/4/57
REMOVAL (Specify) Mar. 25-51 Frais View	RY OR CREMATORY COCATION (City, town, or count	and the gill
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	D. J. Suision Stores	sburg fa
	010	/

Palitto 215 th Hash

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

03078

CERTIFICAT	E OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Washington MARYLAND	STATE Washington
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	II Oli I (II outside corporate limits, write RURAL and give negrest town)
OR give nearest town) TOWN Hagers town 3 Years	TOWN Hagerstown
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Garlock Nursing Hame	ADDRESS S. Potomac St.
3. NAME OF (First) (Middle) DECEASED OF A DA TANE	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) GLARA JANE	TRONE OF Mar. 27 151
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Single	8. DATE OF BIRTH 2. AGE isst birthday If under 1 year If under 24 hr
Female White (Specify) Single	July 27,1859 91 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY OWN Home	St. James, Maryland Country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Trone	Susan Hise
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, nonor unknown) (If yes, give war or dates of None	Junior Ball Washington, DC
18. MEDICAL CE	
Immediate cause 4/4/3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	ire Ceraes- Vormendering
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2.7. alive on 27 195., and that death occurred at (Degree or title)	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) / /	
Burial 3/30/51 Funkstown DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cemetery Funkstown Maryland 124. FUNERAL DIRECTOR ADDRESS
REMANAGET WE ALTHOUGH	
Marie 111 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Andrew K. Coffman Hagerstown Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03079

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	TY 44/
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside forpo	rate limits, write RURAL and	give nearest town)
OR give nearest town and an Am Inis, place)	OR 1	esstown	and domestical contag
HOSPITAL OR INSTITUTION OR STREET ADDRESS Release Hospital	STREET ADDRESS 479	Metchell (1)	ue.
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) tausel. (Visabelle	Jurner	DEATH U	27 1951
5. SEX 6. COLOR OR RACE 7. SUGLE, MARRIED, WIDOWED, DIVORCED, (Specify) without	8. DATE OF BIRTH	70 yrs. Month	er 1 year If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDER	MAME 1	USA
13. FATHERS NAME	France.	Culbage	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	Thosp. re	cords	
18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 ,		ONSET AND DEATH
Immediate cause Derebral arte	rioselerosis		3
4200		G areosax mos	ubores
Antecedent cause(s) Diseases or conditions, if any, (b). Usternosclerote	Heart Deser	ne old	77
93 d giving rise to the above cause stating the underlying cause last			
(c) Deveral arte	resclevoso		2
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR	TOWN) (COUNT	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY O	CCUR?	
INJURY m. Work At work			
22. I hereby certify that I attended the deceased from ? Nov.	1960 to27 M	24 1957 that I last	t saw the deceased
alive on 27 Max , 1951, and that death occurred at			
	ADDRESS	e causes and on the date	DATE SIGNED
SIGNATORAL A TOTAL	0-1-1	Tto 1/200	2/24/2
22 BURIAL CREMATION I DATE THEREOF NAME OF CEMETE	Trickie	LOCATION (City, to p, or ec	J/27/3
23. BURIAL, CREMATION DATE, THEREOF NAME OF CEMETE	COLLEGU	DOCATION (City, 100), or et	in Holling
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	24. FUNERAL DIRECT	OR OC	ADDRESS
REG. 22-57 Offer Of Cochum	And Rew	K. Cotton	21
1 Sha Loud Read	ting Onn	applace est.	un a Md
	100	B 6 07 -10 10	11,000



2411 N. Charles Street, Baltimore

03080

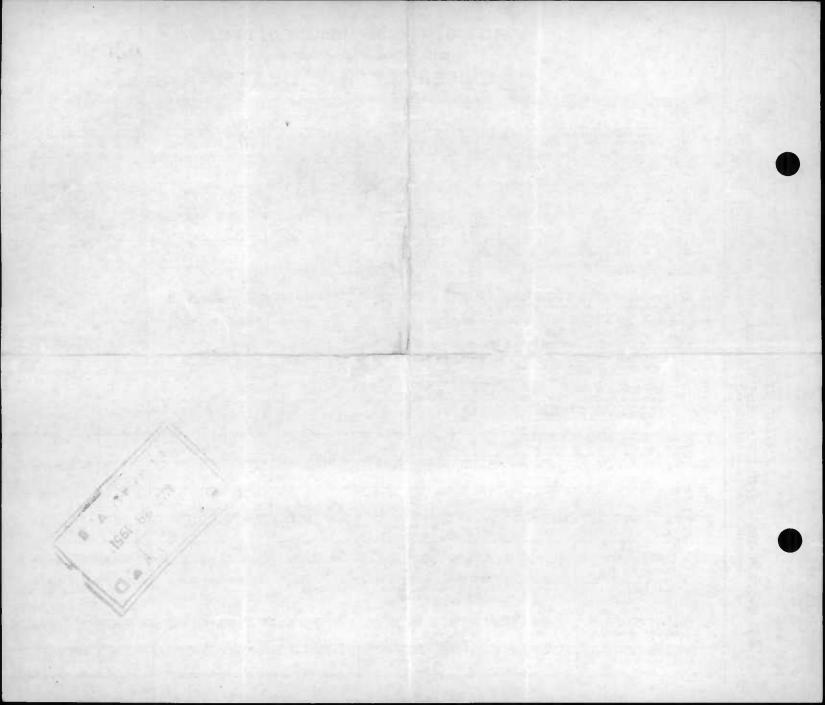
CEDTIEICATE OF DEATH

CO	CERTIFICAT	E OF DEATH Reg. Dis	t. No. 3.0.5
The	1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED STATE	un t y 1
5.	CITY (If outside corporate limit, write RURAL and LENGTH OF STAY	Mary Tir	LO Var and The
la de	OR give nearest town) (in this place)	OR TOWN Mf . Name Tuesday	nd give negrest town)
legi	HOSPITAL OR	STREET (If rural, give locati	on)
nd ind	INSTITUTION OR STREET ADDRESS BOOKS IN Md. R. 2.	ADDRESS Booustons n	nd. R12.
Supply every item of information carefully write the causes of death clearly and legibly.	3. NAME OF DECEASED (First) (Middle)	(Last) 4. DATE (Month	1
lean	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 19. AGE last birthday 111	inder I year If under 24 hrs
info th c	Male . Culite WIDOWED, DIVORCED, (Specify) W. dirused	Jany, 311877 74-1-22- yrs. Ma	ontha Days Hours Min.
of	done during most of working life, even it retired) INDUSTRY	1. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
of	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.S.A.
y it	starde Eo. Eledale	6. 21	
recan	15. (WAS DECRASED EVER IN U.S. ARMED FORCES?] 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
pe d	(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Luther Strue Booms	Jan Mad Q2
pply te t	18. MEDICAL CEI		
Sur	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
	Immediate cause (a)	s. Myounth	24
ple	7 2 2		
G::	Antecedent cause(s) Diseases or conditions, if any, (b)		
ian	giving rise to the above cause stating the underlying cause last		
AD	(c)		
FAG	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
P#	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
HT			Yes No
PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUL	
, K	HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
Nicial	OF INJURY m. While at Not While Not		
[A]	22. I hereby certify that I attended the deceased from 3/23/5	-/ 19 to 3/23/2, 19 that I le	et saw the deceased
G SI	dud 3/-1	/ /	
	alive on, 19, and that death occurred at	m., from the causes and on the da	te stated above. DATE SIGNED
E E	SIGNATURE OF	Land The	PARE SIGNED
B	N. M Sells)	gum y	1719
SE	PERIODA (Specify) DATE THEREOF NAME OF CEMETER	(0,10), 10,112, 01	01
EA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	21. TUNERAL DIRECTOR.	ADDRESS
PI	March 24:1957 John D. Bast	TUM 3- Boat 9 Sous P	someline ma
			112111
		36	7946

M

The correct age

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03081

920 859

Reg. Dist. No. 302

/							
1. PLACE OF DEATH- COUNTYWashington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland Wash?PMTton				
CITY (If outside corpored to give negrest to TOWN HAZET	orate limits, write RURA	L and LENGTH OF STAY (in this Blace)	CITY (If outside corpor OR TOWN Hager	L and give nea	ve nearest town)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Wash. Co. H	Hospital	STREET ADDRESS 512	Salem Aven	ue		
3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Edward	(Last) Willson		onth) (Da		
5. SEX 6.	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWET	6. DATE OF BIRTH 1-29-1887	9. AGE last birthday 64 yrs.	If under 1 year Months Days	If under 24 hrs.	
RECEIREMONS	ON (Give kind of work ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Hagerstown,		U Coun	TZEN OF WHAT	
	ter D. Will		Frances A				
WOYIG WAY Ser	IN U.S. ARMED FORCES! yes, give war or dates o vice)	1 219-20-0419		L. Foreman	, Hager	stown	
		18. MEDICAL CE	RTIFICATION				
I. DISEASES OR CONI	DITIONS DIRECTLY	LEADING TO DEATH				BEVAL BETWEEN	
Immediate c	ause (a)	Bronchops	eumoma -		?	7 days.	
545 Antecedent of Diseases or congiving rise to the stating the under	ditions, if any, (b)(Operation: 6	Pastrojeju	notony	3 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 days,	
	(c)	deneralized	allense	levous			
11. OTHER SIGNIFICA Conditions contributing related to the disease of	g to the death but not r condition causing death	Thrombris gal	domind anta				
much 21, 193	- 001	hearns stenosing	pening from	pylander to d	wooden	AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office hidg., etc.) RY	Hogersto	rown, Wi	aslumitar	(STATE)	
TIME (Month) (DOF INJURY	(Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	-		
22. I hereby certify	that I attended the	deceased from March.	9, 19.51, to march	28, 195/, that	I last saw t	he deceased	
alive on Mand	1 28, 195 /, and	that death occurred at	2	e causes and on the		above. ATE SIGNED	
Richard 1	Jungar	mical,	135 Patomic	ave.	man	ch 29, 195	
23. BURIAL, CREMATI BEMOVAL (Specify)	3-31-19	NAME OF CEMETE HOSE Hill	Cemetery	LOCATION (City, town Hagerstown	, Md.	(State)	
DATE REC'D BY LOC	CAL REGISTRAR'S	SIGNATURE HOOVERS	C.M. Suter &	Sons, Hage	rstown,	DRESS	



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03082

CERTIFICATE OF DEATH

Reg. Dist. No. 302

490609

						VP 0 12.24
1. PLACE OF DEATH	ASHINGTON	MARYLAND	2. USUAL RESIDENCE STATE MARYL	(HOME) OF DECEA	SED. COUNTY	WASHINGTON
	orporate limits, write		CITY (If outside corporation of TOWN HAT.FW	AY. HAGER	RAL and give	
HOSPITAL OR INSTITUTION OF STREET ADDRE	R 10 GLE	NSIDE AVE.	STREET ADDRESS 10	GLEN'STDE'	location) E	
3. NAME OF DECEASED (Type or Print)	JOHN (First)		LLSON SR.	OF DEATH M	ARCH	(Day) (Year) 11 19 51
5. SEXMALE	WHITE	7. SINGLE, MARRIED, WIDOWEDOWN CED, (Specify)	8. DATE OF BIRTH 10/28/1872	9. AGE last birthda 78 _{yrs}	y If under Months.	Days Hours Min.
done during most of w	SALESMAN	vork 10b. Kind of Business of ROUBY DIST.	VIRGINIA	e or foreign country)	12.	CITIZEN OF WHAT
CHARLES	PERRY	WILLSON	14. MOTHER'S MAIDE SARAH W	. McCORKE	L HAGI	CP SMOVAI
(Yes, no unknown)	VER IN U.S. ARMED FO (If year, give war or d service)	Acces ? 16. SOCIAL SECURITY NO. Acces of NONE	MRS. J. C.			MD.
I. DISEASES OR CO	NDITIONS DIRECT	TLY LEADING TO DEATH	CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (s	arterio-scleroti	¿ Cardio-vascu	lar renal		10 yes +
Anteceder	nt cause(s)	disease with myo	cardial failurs			
giving rise to	conditions, if any, (b) the above cause inderlying cause last)		обфит овори ваши от в 9 0-114 до 100 до 200 до 600 600 било от д	0 (************************************	
II. OTHER SIGNIFI Conditions contribu related to the disea	CANT CONDITION ting to the death but a se or condition causing	not Wind	***************************************		na bornattovan e assambangs	
		OR FINDINGS OF OPERATION				20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	1	PLACE (Home, farm, factory, stree OF office bldg., etc.) INJURY	t, (CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY		ur) INJURY OCCURRED While at Not While m. Work At work	HOW DID INJURY O	CCUR?		
22. I hereby certi	ify that I attended	the deceased from Jan	, 1946, to 1/Ma	v, 19.5/, tha	t I last sa	w the deceased
alive on /0 /	Mar , 195/	, and that death occurred at (Degree or title)	7:45/1 m., from th	e causes and on th	ne date sta	ted above.
79	pusky	2 3en Pitoma	· Hagentry	is Mil		11 Mr 51
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE	14/57 NAME OF CEME	TERY OR CREMATORY	LOCATION (City, to	wn, or county	(State)
DATE REC'D BY	SI BRA	RS SIGNATURE	24. FUNERAL DIRECT	mment	Hods	ADDRESS IN

MAR 18 1951 B A UARN 18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

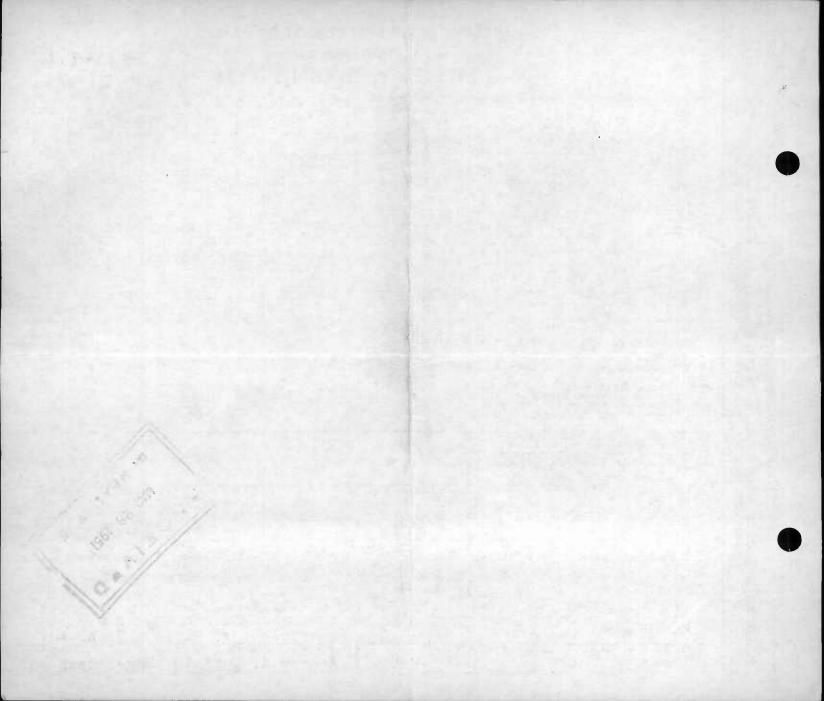
CERTIFICATE OF DEATH

03083 Reg. Dist. No. 302

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED.	
county	MARYLAND	Walfyland	Washin	oton
CITY (If outside corporate limits, write RURAL a	CITY (If outside corpor	ate limits, write RURAL and g	ive nearest town)	
OR give nearest town) TOWN Hagers town	(in 5this place) s	OR Hagers	town	
HOSPITAL OR		STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS 13 High St.		ADDRESS 13	High St.	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) MARY LO	UISE	YEAKLE	DEATH March	23 1951
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	l year ilf under 24 hra
Female White "	(Specify) I COW	7/27/1857	93 vrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10	h. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT
done during most of working life, even if retired) In	Own Home	Clearspri	ng. Md.	COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Samuel Miller		Lethea M	oyer	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	I7. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of service)	None	Mrs Mel Chor	a Cowden Hager	stown. Md.
	18. MEDICAL CE			
T DIGE AGES OF COMPUTANT DIFFORM V TO				INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEA		- 11		ONSET AND DEATH
Immediate cause (a) H	RTERIOSCLER	OTIC HEART	DISEASE	3
the o			***************************************	
Antecedent cause(s)				
Diseases or conditions, if any, (b)	***************************************		**************************************	
stating the underlying cause last				
(e)				1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	9			12
related to the disease or condition causing death.	DENILITY			7
19a. DATE OF OPERATION 19b. MAJOR FINI	DINGS OF OPERATION			20. AUTOPSY?
NONE				Yes \ No \
	Home, farm, factory, street, fice bldg., etc.)	(CITY OR T	TOWN) (COUNTY	(STATE)
	JURY OCCURRED	HOW DID INJURY OC	CUR?	
	ork At work			
		11 111 00 -	20 C.	
22. I hereby certify that I attended the de	ceased from Q c7.	19 45 to///aR	23195, that I last	saw the deceased
mag 20.51				
alive on 190, 190, and the	nat death occurred at	ADDRESS	causes and on the date s	
SICNATURE	(Degree or citie)		1	DATE SIGNED
Kleelie Sobres Cohece	- m.O.	CHERR JPRIN	9. Md.	3/24/51
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETE		OCATION (City, town, or cour	(State)
REMOVAL (Specify) 3/26/51	St. Pauls			sh. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIG		24. FUNERAL DIRECTO		ADDRESS
There 26.1951 6 host	Bowen,	Andrew K.	Coffman Hager	
		1	ANT THOUSE THE PARTY	DOGGIT MICE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

M



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Yeager 03084

CERTIFICATE OF DEATH

Reg. Dist. No. 302

K									
1. PLACE OF DEAT COUNTY	н.		2. USUAL RES	SIDENCE (HO	OME) OF DI	ECEASED.			
Washington Maryland			STATE Warvland Washington						
OR give nearest	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (1f ou	taide corporat	e limits, write	RURAL and	give near	est town	1)
TOWN Hage	erstown	on Days	TOWN	Hagers					
HOSPITAL OR INSTITUTION O	D		STREET		(If rural	give location)			
STREET ADDRE	ss Washington	Co. Hospital	ADDRESS	134 F	Randoli	oh Ave.			
3. NAME OF	(First)	(Middle)	(Last)		4. DATE	(Month)	(Day	\	(37)
(Type or Print)	LELIA	VIOLA	YOUNG		OF	March	(Day	2	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	S. DATE OF B	TRTH 19	DEATH	thday If und	- L	- Can	19 5
Female	White	WIDOWED DIVORCED, (Specify) Married	-	32,1895	5 Addison	yrs. Month	a Days	Hours	Min.
18a. USHAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	II. BIRTHPLA	CE (State or	in the second	yrs.	10 0	1	
done during most of y	working life, even if retired)	INDUSTRY			36.5	y)	COUNTI	EN OF	WHAT
13. FATHER'S NAM	L C	Own Home	Hagers	COWIL	Md.	1		USA	
Scott Pa			Sara	th Henr	lesy				
(Yes, Mo, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMAL	NT AND A	DDRESS				
. 110	service)	None	Paul	M. Yo	ung				
		18. MEDICAL CE	RTIFICATION						
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	a				INTER	EVAL BE	TWEEN
		A- 1- 201	Kt				UNSE	T AND	HEATH
Immediat	e cause (a)	cecure rupe	mino				24	Land L	, fren
rel s		DI-1.	01 10 01	2 11	000	•			7
786 Anteceder	onditions, if any, (b)	Joseph &	H-U- 26	rddey -	soffeel	long	34	20%	4.
(%/) giving rise to	o the above cause	Total .	0	0 - 0		·····	0/-3		<u>.</u>
stating the u	nderlying cause last	eg pe / 2	- Congre	٠,					
	(c)						1		
II. OTHER SIGNIFI	CANT CONDITIONS						1 -	1.	
related to the disea	se or condition causing deatl						15	asy	0
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION					20. A	UTO	SY?
-							Yes		No M
21. ACCIDENT	(Specify) PLAC	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	WN)	(COUNT	(Y)	STATE	(1)
SUICIDE HOMICIDE	INJU	RY				_		-	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID IN	JURY OCCI	JR?				
OF INJURY	m.	While at Not While Work	_						
			-	10 1					
22. I hereby certi	ify that I attended the	deceased from May. 18	195/ to	Korch Z	2195/	that I last	gaw the	door	bone
									aseu
alive on	26. A.A., 19⊇/, and	that death occurred at /.	2.46 P.m.,	from the ca	auses and o	n the date	stated a	bove.	
SIGNATURE	Λ. /	(Degree or title)	ADDRESS		1		DAT	E SIG	NED
11 - Hora	Myneso m.	1) 1/-	APANIA	un m	A	ne	rel ?	23 70	951
23. BURIAL, CREM	ATION I DATE THEREO	F NAME OF CEMETE	OR OR OR	100	CA TOTAL				
REMOVAL (Spec	ify)	,	1			y, town, or cou		(Sta	ite)
		Rest Haven			agersto	own		ld.	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL		0.0	7.7		DRESS	
11120.24.1	W \ / W / W / W / A / A /		E3 70 /0 30 /0 (10)	Mr. I have all					4 4
7,0	131 June	11, 10000-0,	Andrew	N. 001	ffman	Hage	stow	m M	id.

